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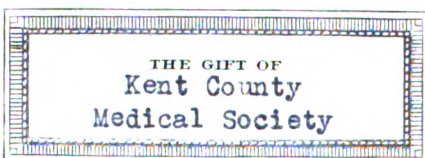
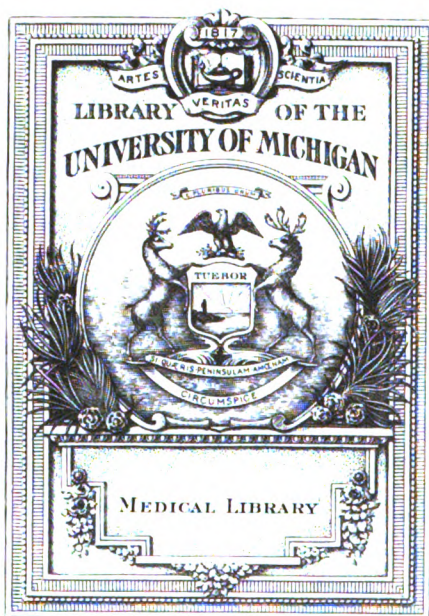
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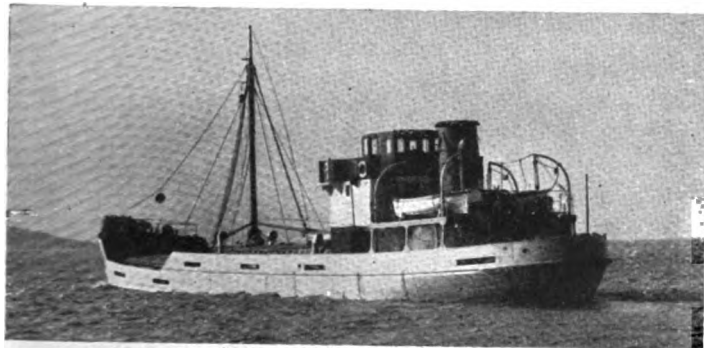
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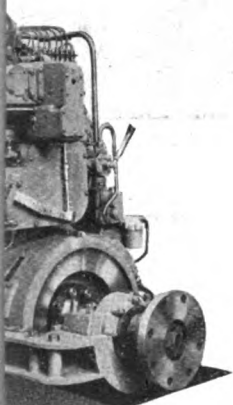
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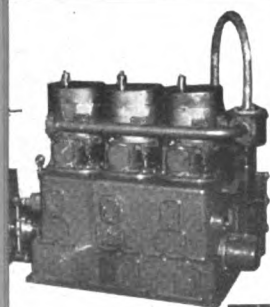


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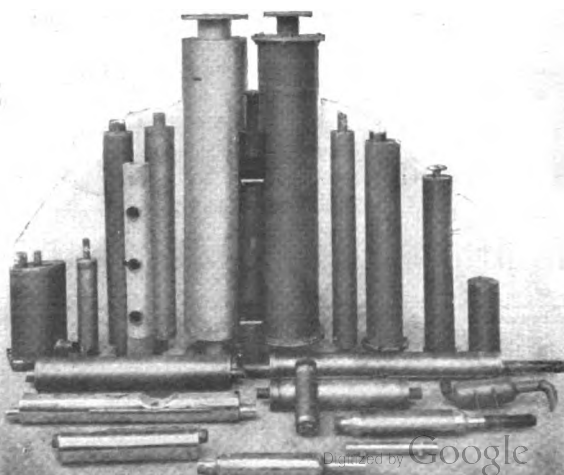


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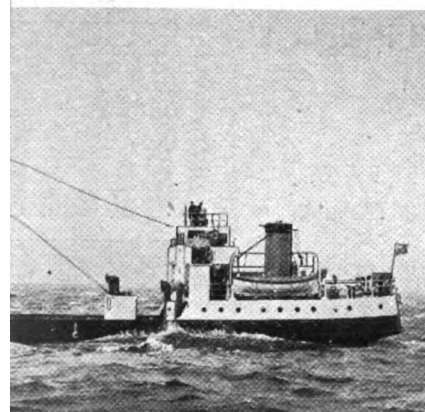
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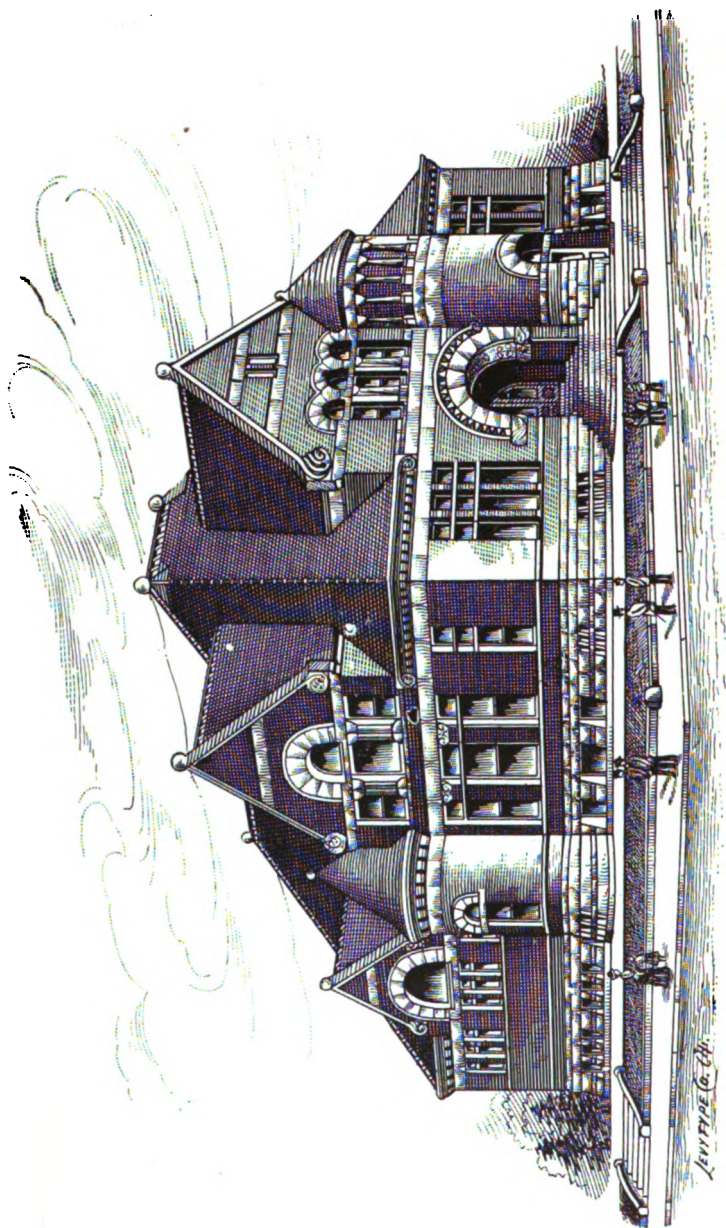
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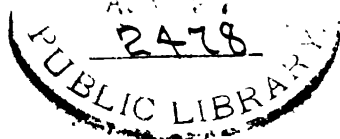
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No. 1.

ORIGINAL ARTICLES.

PRESENT VIEWS ON INTUBATION OF THE LARYNX.

BY S. W. KELLEY, M. D., CLEVELAND, O., PROF. OF DISEASES OF
CHILDREN IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY
OF WOOSTER ; CONSULTING PHYSICIAN TO CITY HOSPITAL, ETC.

When what some have been pleased to call "the present revival of intubation" began to spread in the profession, it was taken up with American enthusiasm and treated to an unprecedented "boom." The journals teemed with articles upon the subject, hundreds of cases of instruments were sold. It was called "the operation for the general practitioner," "every man his own intubator," was the cry. Men unskillful at any kind of operation commenced on intubation because it was bloodless and said by some to be easy. The operation was done almost indiscriminately and statistics manufactured galleys long.

This could not last a great while without a reaction. Articles appeared declaring intubation "inferior to tracheotomy," inefficient, "unsurgical and useless," denouncing it as "brutal." It was objected to on account of its difficulty, because of the liability of pushing membrane before it, thus choking the patient ; because of the difficulty in administering food, or worse yet, drink ; because of "food pneumonia," liability of the tube to slip down into tra-

chea or of being coughed up and swallowed, ulceration of larynx or trachea from pressure, irritation as of a foreign body occasioned by the presence of the tube in the larynx, retention of mucous or pus below the tube, the air continuing to pass through septic channels, laceration of larynx in efforts at introduction of the tube, or more likely in efforts at its extraction ; last, not least, criminal delay about resorting to tracheotomy by fooling away time on intubation. The boom began to decline somewhat. Intubating sets could be bought cheap at second hand.

Not that all the early opinions were laudatory and all the recent ones condemnatory. The subject was warmly handled both pro and con. As a rule the early effusions held more of praise, the next period showing a majority of writers in dispraise, while in the present period the operation is likely to be fairly considered and receive the final judgment of the profession.

Upon closer inquiry many of the opinions and objections against intubation are found to possess little weight, while others may be justly balanced off with equally weighty difficulties in the alternative operation tracheotomy.

Having saved many lives by its use, no one can convince me that intubation is inefficient. In fairness it can no more be considered unsurgical than would the reduction of an intussusception by injection of warm water before resorting to coeliotomy. Any operation may be "brutal" if done by a brutal operator, but when done by a kind and careful operator, intubation is of itself certainly less harsh or revolting than tracheotomy. This is evidenced by the fact that parents will stand by and willingly see a child intubated, at the same time forbidding any cutting to be done. On the score of its difficulty no man equally familiar with both operations will pronounce intubation the more difficult. This objection was usually urged by operators more or less familiar with tracheotomy but who had had only a comparatively short experience in the newer operation. Its difficulties only make the rule that it should be done by those who have by practice acquired skill. There is a possibility of pushing membrane before the tube and suffocating

the patient, but this has also occurred in introducing a tracheotomy tube, while it seems to me the chances are much less of causing sudden death by this accident than they are by either shock or hæmorrhage in tracheotomy. The difficulty of administering food and drink has disappeared since the practice of placing the patient on an inclined plane head downward has been used. The simplicity and ease of this manœuvre make feeding as nothing for the nurse to do, compared with the constant attention required by a tracheotomized patient. If a tube of proper size is chosen it does not slip down into the trachea. This accident need not happen oftener than for a brush or a pledget of cotton to be lost into an opened trachea. The dropping of an intubation tube into the trachea, or into the esophagus, oftenest occurs through the carelessness of introducing the tube without the thread attached. If a tube were to be coughed up and swallowed it would generally be passed without trouble. Ulceration from pressure of tube is not more liable to occur in intubation than in tracheotomy. Nor does the O'Dwyer tube cause irritation as of a foreign body more than is caused by the presence of a tracheotomy tube. Mucus and pus are not more apt to collect below the tube in intubation cases than they would below a tracheotomy tube if it were not removed occasionally. The intubation tube itself is not as apt to become clogged as is the tracheotomy tube, while the former, if it fits properly, not too tightly, and should become occluded by a piece of false membrane, will be coughed out. Not so a tracheotomy tube when, as usual, tied in. It must be instantly removed by a vigilant and dextrous nurse to prevent suffocation.

It is said that in intubation the air continues to pass through septic channels, that is, over the diseased surfaces. Who can tell how much of the blood poisoning is caused by the air that has passed over diseased surfaces as compared with the amount caused by direct absorption beneath those surfaces? and how small is that amount of poison compared with that likely to occur in a tracheotomy wound? Moreover, that air current can be loaded with anti-septic vapors and thus applied directly to those diseased surfaces.

Then, besides, in intubation the air is warmed and moistened by passing through natural channels, and we all know that in some environments it would be impossible to get proper attention paid to warmth and moisture of air for a tracheotomy case.

To object to intubation because lacerations of the larynx have occurred in efforts of operators to introduce or to extract the tube would be like objecting to tracheotomy because it has occurred that an operator has missed the trachea altogether, dissecting down to one or other side of it, or has punctured not only into the trachea but through the trachea into the esophagus, and at least in one recorded instance into the vertebra, or has pushed the tracheotomy tube down in front of the trachea instead of into the trachea, or has been so unfortunate as to have air enter a severed vein, or air to dissect its way between the fasciæ of the neck or into the mediastinum. Accidents may occur during any operation, but care and skill make them rare.

Delay in resorting to tracheotomy would indeed be criminal if tracheotomy was indicated. But there is no need of dangerously delaying tracheotomy if required because intubation has been first performed. That is a great advantage in intubation, that it does not prevent nor prejudice the chances of subsequent tracheotomy.

It seems to me that a careful comparison must convince any fair-minded observer that the operation has merits, has its place, which can be determined by the good judgment in a given case. There can be no doubt that intubation was injudiciously used both by inexperienced operators which led to bad results, and on the other hand by enthusiasts, who, for the purpose of making money and statistics, would intubate a well man on the street, if permitted. As to the value of statistics in general in determining a subject of this kind I hold to the opinion of Furneux Jordon, the famous surgeon of Birmingham. He expresses himself as follows (*Surgical Enquiries*, p. 167): "Statistical enquiry in the inexact sciences has misled as often as it has led. There are more avenues for errors to creep into statistics than there are avenues for errors to creep into the opinions of trained observers. If six competent

surgeons tell me one thing and the statistics of 600 hospitals tell me another, I believe the six surgeons."

As illustrating the difficulty of comparing the merits of tracheotomy and intubation by mere numbers, I may mention an instance where two children in one family were intubated and both died, a third child in the same family was taken sick and the same intubator declined to operate, pronouncing the case necessarily fatal. The family physician performed tracheotomy and the child recovered. It might have if intubated, or the others might have if tracheotomized. I will cite a case from my own practice. Being called by the attending physician to intubate, I declined because the obstruction was on the epiglottis where the tube could do no good; it grew worse. Other counsel was called and it was decided that tracheotomy must be done. I was called in to do the tracheotomy, but declined for the reason that I did not think the dyspnoea so great but that the chances were better without operation than with it. The child recovered. It might have recovered if either intubated or tracheotomized, and counted one on my list of cases in favor of whichever operation had been done. Each case must be judged by itself.

Intubation has come to stay. There is no fair comparison of the "present revival" with any previous attempt in the same line. Bouchut's tubes in 1858 were like mere open end thimbles and their method of use correspondingly imperfect. He had the crude idea right but could not execute it. It was left for O'Dwyer's mechanical genius to work out perfection in the tubes, and so near perfection in the accessory instruments and methods of their use that, notwithstanding many attempts, very little if any improvement has been effected by newer modifications. Casselberry's plan of lowering the head of patient to feed is as good a thing as has been added to the original plan. Waxham has a gag with a different catch, and so on. Some operators wear a ring on the fore finger, some a piece of adhesive plaster across the back of the finger, but these differences are of no moment. Some children will hold the mouth open voluntarily, others will if the assistant who stands behind to

steady the head will press his thumbs firmly against the cheeks. I have never found any advantage in up-your-sleeve sleight-of-hand trickery in handling instruments. Nor is it often if ever necessary, as recommended by Ashby and Wright, to anæsthetize the patient in order to remove the tube. Otherwise the teaching upon this subject in their excellent text book on the diseases of children gives the most liberal recognition afforded intubation by any European book. The fact that an anæsthetic is seldom required is a point in favor of intubation. Thorough cleanliness and antiseptic principles should be carefully observed in the practice of intubation. The use of the same tubes and other throat instruments indiscriminately in diphtheritic or syphilitic and in non-contagious cases is especially reprehensible. Another abuse is the cessation of medical treatment when the tube is placed in the throat. Because the mechanical obstruction to respiration has been mechanically relieved for the time being, is no reason why we should cease administering drugs directed against the pathological condition. One should continue the treatment by way of the stomach, by local applications, by lime steam. Sometimes too much reliance is placed upon the operative aid, and the disease, baffled temporarily, renews the attack in another quarter and the patient finally succumbs.

In conclusion, I reiterate my belief that intubation has come to stay. It will be permanently recognized by the profession as one of the standard life saving operations. The more one studies it and practices it the more he must admire the ingenuity, the patience and the thoroughness with which O'Dwyer worked it out. It will not supplant tracheotomy. Each operation has its field of usefulness; each its rational and recognizable indications.

THE DIAGNOSIS OF EMPYEMA.*

BY T. M. SABIN, M. D., WARREN, O.

The consensus of medical authority demands incision of the chest in empyema, and the withdrawal at the earliest possible date of the contained pus.

With such positive and authoritative teaching on the subject, it would seem that the general practitioner's course in treating such cases was rather an easy one, the diagnosis having once been made; and so would it be, were it not for the fact that many diagnoses in these cases fail to diagnose, if we are to believe the humiliating story of the aspirator, told often amid the most embarrassing surroundings of hemorrhage and dyspnoea.

The classical physical signs of an empyema comprise bulging of the intercostal spaces, displacement of apex of heart to side opposite that of the effusion, diminution of respiratory movements of the affected side, diminution or entire absence of vocal fremitus, vocal resonance diminished or absent, flatness or dullness over the affected side, absent or greatly diminished respiratory murmur, and rarely ægophony.

These symptoms, with some modifications, existing for any length of time, together with the characteristic constitutional disturbance, constitute, we are told, imperative indications for surgical interference.

Suppose, now, with due antiseptic precautions, we make the would-be confirmatory puncture or punctures with the aspirating needle, and fail to get fluid of any kind. Should we be content to consider this the final court of appeals? or should we, acting upon what would otherwise seem to be positive evidence of fluid, take our chances on a free incision?

That is, are the physical signs above mentioned worthy of sufficient confidence to offset the negative evidence of the aspirator? If we are to say that the aspirator must decide the question, then

*Read before the Ohio State Medical Society.

what other condition could be responsible for the physical signs, and what course should be pursued?

Having been placed under the very trying and embarrassing circumstances of aspirating in vain in several cases where the physical signs seemed so demonstrative as to make aspiration for diagnostic purposes superfluous, I have been led to one of two conclusions—either that I do not possess average diagnostic skill, or else the physical signs are frequently misleading in the extreme. I am inclined to the latter view of the case; first, because it is much pleasanter to contemplate; and, second, because I have known of and seen several of my confreres making similar blunders. The history of a case in point, I recall with morbid vividness.

In 1887 I was called to see a young man twenty-five years of age, with marked tubercular family history. He had been out of health for three months, but had continued his labor—that of peddling milk—up to the time at which I was called. I found what I considered to be conclusive evidence of an empyema, in the physical signs and the general history of the case. Not the least among these signs, was a fluctuating tumor over the lower ribs of the affected side, an incision into which was rewarded with an ounce and a half of pus. There was no further discharge from this point. This, of course, did not relieve him; and then called in a diagnostician, in whose ability I had great confidence, with the idea that should he concur with my views, we would make a free incision, and establish drainage. After reviewing the history of the case and the physical signs, he was as confident of the presence of pus as I, but in pursuance of his usual custom, he insisted on making use of the aspirator to still further establish our diagnosis, which he did at two different points, with negative results. We concluded to wait and see. We did wait; and in due time the fellow died. No *post-mortem* could be had. I still believe he had pus in the pleural cavity, which should have been let out. Nothing but the probable tubercular origin of the trouble offered me any comfort in my management of the case.

Three years since, in a case suffering pyemia from a neglected appendicitis, the symptoms of pus in the right pleural cavity came on with the same definite signs. To be sure to give the patient the benefit of the best skill, we called to our assistance one of the brightest diagnosticians of Northern Ohio, who was kind enough to agree with me, and to do the aspirating. I had the morbid pleasure of watching the little window in the aspirating tube held in a master's hand. A few bubbles, a few drops of blood, nothing more, except a gasping for breath, cough, and free expectoration of blood. For most obvious reasons, a second puncture was not made. A few hours, and all was quiet, with no harm done, except to our reputations as diagnosticians. At the end of two or three weeks, there was some improvement. Some four months later, I evacuated a quart of pus at a point two and a half inches above the umbilicus, and an inch to left of median line. Whether it came from the right pleural cavity or not, I do not know. The patient is still living. The signs of an empyema have all subsided, leaving a lung but very little crippled.

I am satisfied that from conditions found at *post-mortem*, it would be exceedingly easy for the needle to fail to tap the reservoir of fluid. We have all noted, in old pleural troubles, the excessive amount of adhesions, the festoons of tough, leathery lymph adherent to the parietal surface, the tough, thickened pleura, which is almost invariably present in these cases. It would seem many times a wonder that we get through into the fluid at all, especially with the hypodermic needle, which is advocated without question as the crucial test by many authors.

In the article on "Surgery of the Respiratory Organs," in the American text-book of surgery, in speaking of empyema, the author says: "This pleura is practically the wall of an immense abscess, and from it, shreds of membrane and disorganized tissue may hang like stalactites from the roof of the cavern."

Prof. Meigs, in his discussion of empyema and the use of the aspirator, before his class at Penn Hospital, gives an experience in which he failed to strike the pus because of an adhesion of the

diaphragm to the ribs above. The *post-mortem* showed the mistake, with quantities of pus which should have been evacuated.

My friend, Dr. Julian Harmon, of my own city, in relating some interesting cases which he had the pleasure of seeing through the kindness of Prof. Knester, of Berlin, spoke in particular of a case brought into the Professor's clinic, suffering from what was diagnosed as an empyema. The greatest dyspnoea and cyanosis existed. Not until the third effort with the aspirator, was he rewarded with fluid, notwithstanding when the cavity was opened with the knife, he was nearly deluged with pus, four feet away.

What possible condition could be responsible for enlargement of affected side? Diminished respiratory movement. Diminished or absent vocal fremitus. Dullness or flatness on percussion. Diminished or absent respiratory murmur. Diminished or absent vocal resonance, but fluid in pleural cavity? Yet, I dare say, that many of the gentlemen present having made intelligent use of the aspirator in such a case, have failed to confirm their diagnosis.

I do not wish to go on record as never confirming my diagnoses with the needle; but in my limited experience I have several times had this fact forcibly brought to my observation, that we often fail to strike the pus with the aspirator when it is there.

What the general practitioner must have (speaking from down in my own heart), is a better and more definite interpretation of physical signs, a better and more systematic method of examination, and then the courage of his convictions—courage to make a careful dissection for the pus, as is done in abdominal work when the diagnosis is incomplete.

With so many possibilities for failure in the use of the aspirator, I am convinced that its importance as a diagnostic measure has been greatly exaggerated, and its negative story has too often stayed the hand of the surgeon when nothing but active measures could possibly have saved life.

A CASE OF SALPINGO-OVARITIS OF GONORRHOEAL ORIGIN.—OPERATION AND RECOVERY.*

BY WM. H. HUMISTON, M. D., CLEVELAND, O., CONSULTING GYNÆCOLOGIST TO CITY HOSPITAL, FELLOW BRITISH GYNÆCOLOGICAL SOCIETY.

Mrs. C., age 24, married two years, family history excellent. Became pregnant six weeks after marriage. Premature birth of child at seventh (7) month, in February, 1892. Three days after birth of child had a chill and high fever, with intense pain in umbilical region, which continued without cessation for one month, after which the pain was referable to lower abdominal region and has continued up to the present time, June 11, 1893. Was at all times conscious of pain. The character of this pain was of a deep burning, gnawing, sickening kind. Had intense leucorrhœa and painful micturition nearly all the time. Usual weight 110 pounds, present weight 94 pounds. Was treated several months for stomach trouble, but since Jan. 1, 1893, has been treated locally by a regular physician, but without permanent relief.

Present appearance anæmic, somewhat shrunken, dark circles under eyes, and bronzed condition of face.

Exam., heart and lungs normal, abdomen tender generally, vaginitis, endometritis, uterus swollen and tender, swelling and tenderness on both sides of uterus. On posterior vaginal wall near the cervix uteri there is a well defined circular erosion freely secreting a yellowish, thick, purulent discharge.

She entered my hospital and was confined to bed, and ordered long continued hot water douches, morning and evening, followed by tampons of iodine and glycerine until vaginitis was allayed.

I curetted carefully June 15th and applied the compound tincture of iodine thoroughly to the uterine cavity. There was no reaction or increase of pain following,—in fact, after the first forty-eight hours following curettement she felt much better and had less pain for two weeks. June 30th menstruation began and with the

*Read before the Northeastern Ohio Medical Society at Akron, O.

exception of backache was much better in every respect. Menses ceased July 4th. Four days after cessation of menstruation, electricity was applied, galvanic current negative, vaginal electrode in vagina, broad abdominal electrode positive, 20 milliamperes for five minutes not very well tolerated, and had a good deal of pain for several hours afterward. Two days later electricity used again, platinum intra-uterine electrode positive, used 30 milliamperes for five minutes; tolerance not good and no relief following.

Examination showed vagina well, uterus smaller and very much less sensitive, slight discharge in cervical canal, the swollen œdematous condition at sides of uterus markedly diminished so that I could make out distinct enlargement of tubes and ovaries.

Diagnosis, salpingitis and ovaritis, probably gonorrhœal, and from the intolerance of electricity probably suppuration in the tubes.

Patient's husband was in a neighboring city and he was sent for in order that I might determine as to the gonorrhœal infection. He came, and admitted to having had a severe case of gonorrhœa and was still having a gleet discharge every time he was imprudent in eating or drinking. He passed his urine in a glass receptacle and the feathery clouds or "tripper faden" of the Germans were very pronounced. I was now convinced that nothing short of the removal of the appendages would cure this patient and so advised her. Consent was given and I performed the operation July 14th, with Drs. Deucher, Davidson, Sihler, Straight and Clapp present. Anæsthetic chloroform, Trendelenberg's position. Incision three inches long. The left tube and ovary found fixed by quite firm adhesions. Omentum quite firmly adhered to ovary, partly separated, and the balance ligated and cut away. Ovary enlarged and cystic, tube sclerotic and occluded, with collections of pus in various portions. Right tube and ovary slightly adherent, otherwise in the same pathological state as the left.

Patient had an uninterrupted recovery until the fourteenth day, when from error in diet her temperature rapidly ascended to 104½. After free catharsis the normal convalescence was quickly resumed.

Stitches removed the seventh day. From this time up to the present moment the pain from which she suffered so constantly has been entirely absent, and she has every prospect of future good health.

This case illustrates the persistency of gonorrhoeal poison, as well as the pathological changes that occur. I take pleasure in submitting the specimens for your inspection. I believe that nearly all of the suppurative diseases of the tubes and ovaries are due to gonorrhoea. I am aware that I am liable to be challenged upon this statement, but my experience and extended observation have led me to this conclusion.

I do not feel that I can conscientiously advise the removal of the appendages until after a thorough trial of conservative treatment has failed. I mean by conservative treatment, rest in bed, hot water douches long continued, tampons of iodine and glycerine, and boro-glycerine, electricity, *curettement*. Right here I class careful aseptic *curettement* a conservative measure. I permitted for a long time the text book *scarer-crow* "never dilate or curette when there is congestion or inflammation of the appendages," to prevent me from curing many cases. A great many cases of disease of the appendages are sympathetic, or extensions of disease from the endometrium. An active endometritis always means an enlarged, swollen, sensitive uterus, more or less prolapsed, and as long as it remains so you are leaving a condition that acts directly upon the tubes and ovaries, and you will find them swollen and sensitive. After the rest in bed and the treatment mentioned above, I proceed to curette. The vagina is made aseptic, and extreme care is taken with all instruments. In fact, as much care is taken as in making a laparotomy. I am particular to handle the uterus carefully, and avoid pulling it down to the vulva. If one cannot curette the uterine cavity without resorting to this violence he had better let it alone. With asepsis and gentleness you need not fear reaction or pelvic peritonitis following curettement.

Removal of diseased appendages, leaving an active endometritis,

will never give you a satisfactory result, or the patient relief. First obtain a healthy endometrium and the removal of the appendages may not be necessary—if it should be you will have a good recovery in a comparatively short time.

In this case reported I used electricity twice without relief, in fact its use aggravated her suffering. It is this behavior of the galvanic current that gives us a diagnostic aid of no small calibre. As a diagnostic aid in determining if pus exists in the appendages, I value it highly, and have not as yet been disappointed. In a case of doubtful suppuration, where you are quite sure you have an inflammatory condition, you can determine by inserting the intra-uterine electrode, positive, to the depth of one inch in the uterine cavity, and a broad abdominal electrode, negative, over lower abdomen. Turn on the current gradually until you have a strength of from 40 to 50 milliamperes. If patient is over-sensitive to the current and complains of great pain, which persists for several hours after its application, you have a case of suppuration. If only congestion or inflammation is present there will be a sense of relief, which will continue for a day or two after the application. In all these manipulations extreme cleanliness must be observed.

Physicians in Japan.—An ex-attache writes: "Perhaps the most charming manner of compensating physicians for their care and attention is that which is customary among the natives of Japan. Physicians do not charge for their services, but on the contrary decline to name an amount, and protest against any idea of remuneration. Patients on their side are too proud to accept such services free, and send to the physician, not as a fee, but more as a friendly gift or token of gratitude, a sum of money, proportionate to the means of the giver, with some piece of silk, bronze, or lacquer work, the idea being that medical attendance is by far too important and elevated a character to be desecrated by barter for filthy lucre." What a pity that our Western civilization, with all its commonplace vulgarity and lack of delicacy, will not admit of adoption of such a charming method of intercourse between the medical man and his patients.—*The Medical Age.*

THE PROGRESS IN DERMATOLOGY.*

BY WILLIAM THOMAS CORLETT, M. D., L. R. C. P. LOND., PROFESSOR OF DERMATOLOGY AND SYPHILOLOGY IN WESTERN RESERVE UNIVERSITY, DERMATOLOGIST TO CHARITY HOSPITAL, CONSULTING PHYSICIAN FOR SKIN AND VENEREAL DISEASES TO THE CITY HOSPITAL, AND CONSULTING PHYSICIAN FOR SKIN DISEASES TO THE HOSPITAL FOR WOMEN AND CHILDREN, CLEVELAND, OHIO.

If one were considering the growth of dermatology during the century which is about to end, one might readily specify particular epochs of advancement, particular men upon whose energy such advancement depended and upon specific events which, like well-fashioned blocks of granite, go to make up the structure which we contemplate to-day. More difficult is the task assigned me, that of noting the progress of a single year. Not that dermatology has failed to keep pace with other departments of medicine, but that the crucible test of nature, time, is wanting to detect the spurious from the real. I may, therefore, find it expedient to deviate slightly from the prescribed limit.

In the order of importance, as well as of the greatest activity, the efforts to ascertain the actual status in diseased conditions takes the lead. In regard to the new pathogenic agent *psorosperms*, it may be said they are coccidial forms of the order sporozoa, round or oval with one or more small nuclei. At first they are free, but after attaining their full growth acquire a firm shell. These bodies have long been known to inhabit the epithelial cells of certain animals as in the liver of rabbits, but until found by Darier in the disease which bears his name, they were unknown to dermatology. The same observer found *psorosperms* in Paget's disease of the nipple, which has been confirmed by Thibault and Wickham. Others, it is claimed, have found them in molluscum contagiosum and in lichen planus. Of late much has been written on the subject, and a *resumé* of *psorospermiosis* may not be uninteresting in this connection.

*A yearly report before the Cuyahoga County Medical Society.

Neisser states that all that can be conceded from our present methods of investigation is the *possibility* of parasitic psorosperm inclusion, but though the suspicion may be entertained that unicellular parasitic bodies are present, yet there is an absolute want of proof that they are really parasites and not simply abnormal and pathological cell formations.

He further says the cases reported by Darier and others as psorospermiosis follicularis, etc., are open to discussion and that it is a question whether they should be regarded as inherited keratoses or parasitic psorospermioses.

He is more inclined to consider the psorosperms as etiologically connected with Paget's disease, on account of (1) the peculiar clinical picture of the disease, its mode of extension, its difficult and well-nigh impossible cure; (2) the constant presence of coccidia or *figures coccidiennes* (Besnier). Still, he grants that proof is wanting to establish the fact that these bodies are really parasites, and not abnormally included epithelia in other epithelial cells.

(Erganzungshefte zum. Arch. f. Dermat. u. Syph., 1892, I Heft.)

Brocq says (Traitement des Maladies de la Peau), already the theory of psorospermiosis shows signs of decrepitude, and he believes the subject will soon possess only an historic value. In America Bowen (Jour. Cut. and Genito-Urinary Dis., June, 1889), has shown that the keratosis follicularis, psorospermiosis or Darier's disease is due to a process of keratization of the epithelial lining of the upper part of the follicle of the hair.

Tuberculosis. Four forms are now recognized in the skin: lupus vulgaris, tuberculosis verrucosa, tuberculosis cutis orificialis and scrofuloderma.

Lupus erythematosus occupies an uncertain ground. The most recent valuable contributions to this subject have been made by Bowen (Boston Medical and Surgical Journal, Nov. 12, 1891) and Leloir, (Traité Pratique de la Scrofulo-Tuberculose, Paris, 1892.) The latter is one of the most valuable contributions to dermatology for many years. It is profusely illustrated and gives in

detail the treatment for this obstinate class of dermatoses. In lupus vulgaris he gives :

First, *Prophylactic Treatment*, in which the main points are:

- (1) Avoid contact with tuberculous virus, of whatever origin.
- (2) In case of such contact, treat antiseptically.
- (3) Destroy and treat antiseptically tubercular foci capable of inoculating the skin secondarily.

Second. *Internal Treatment*. The author endeavors to modify the soil upon which the bacillus passes through its evolution. For this purpose he gives :

- (1) Cod-liver oil in large doses.
- (2) Sometimes he combines with it arsenic, iodine or chloride of sodium.
- (3) If anæmia be present iron is combined with the above.
- (4) He speaks well of Movel-Lovallée's method of injecting hypodermically iodoform oil.
- (5) With threatened pulmonary implication, he gives creosote.

Third. *Local Treatment*.

- (1). He begins by cleaning the diseased surface either by antiseptic lotions, or a strong salicylic acid paste.

R_x White wax.

Resin dammar (white) aa 30 parts.

Melt the mass, and add when half cooled, salicylic acid 20 parts, creosote of beechwood 40 parts.

- (2) After this the patient is anæsthetized and the tubercles removed with a strong curette. The hemorrhage is stopped with tampons of antiseptic cotton. The subsequent dressing is made with absorbent cotton impregnated with iodoform ether, or the following is used :

R _x Bichloride of mercury,	gram	1.
Alcohol.		
Glycerine a a,	grams	250.
Distilled water,	grams	500.

Or, a pommade of bichloride of mercury in strength varying with the degree of irritation produced in the skin.

Of recent articles, that of the highest importance to those engaged in general practice is one entitled " Dermatology, Its Rela-

tion to General Medicine," by Dr. H. Radcliffe Crocker. (Medical Record, October 21, 1893.)

Brocq has given in a letter to the Journal of Cutaneous and Genito-Urinary Diseases for June, 1893, a concise *exposé* of the treatment of syphilis as followed at the Hôpital St. Louis by Fournier.

It is well known that Professor Fournier believes that mercury is the curative agent for syphilis and to be given during the primary and secondary stages; while the salts of iodine control the destructive processes of the late or so-called third stage.

Usually he prescribes to a patient who comes to see him at the beginning of his syphilis, a course of proto-iodide of mercury, in daily doses of six centigrams, to be taken for at least two months. Then this treatment is suspended for a month to six weeks, after which, no matter what has happened, whether the patient has or has not shown new developments, he has him take up the treatment by the proto-iodide again for about six weeks. Then there is a new period of repose for two or three months, renewed administration of the proto-iodide, new repose, and thus on until the third year of the disease. At this time he gives iodide of potassium in daily mean dose of three grams, during periods of from one month to six weeks, separated by intervals of rest, growing gradually longer as the time from the commencement of the disease increases.

His treatment is thus a systematic one, very prolonged and intermittent.

BIBLIOGRAPHY. DISEASES OF THE SKIN. By H. Radcliffe Crocker, of the University Hospital, London. (Am. Pub. P. Blakiston, Son & Co., Phila.) Undoubtedly this is the most complete work on dermatology in the English language. Of the large field of observation in the British Metropolis which the author has enjoyed, the work bears evidence. He has also shown the rare quality of selecting from other sources all that is necessary to make it of the greatest use to the practitioner.

TRAITEMENT DES MALADIES DE LA PEAU, by L. Brocq, M. D. (Octave Doin, pub., Paris.) This is a large work of about 900

pages, giving the most recent status of dermatology in France, is concisely written, touches but lightly on the diagnosis, but gives in detail the most approved management of diseases of the skin. This latter is the strongest feature of the work.

TRAITE DESCRIPTIF DES MALADIES DE LA PEAU-SYMPATOMATOLOGIE ET ANATOMIE PATHOLOGIQUE, par MM. Henri Leloir et Emile Vidal. (G. Masson, pub., Paris.) Already six parts of this extensive work have appeared. It is of more service to the dermatologist than to the general physician. As a book of reference of the pathological anatomy of diseases of the skin it is of the highest value.

INTERNATIONAL ATLAS OF RARE SKIN DISEASES, by the following well-known gentlemen: Unna, Hamburg; Morris, London; Leloir, France; Duhring, United States. One fasciculus has appeared during the present year, being the eighth of the series. It contains an excellent colored plate of Darier's disease, together with colored sections of the skin in this disease.

DISEASES OF THE SKIN, by J. Nevins Hyde. (Lea Brothers & Co., pub.) Although this is only a new edition of Dr. Hyde's work, it having already gone through two editions, yet there is so much new matter added that the volume is now enlarged to 800 pages. It is essentially a new book; written in the easy style for which the author is noted it cannot but be popular among students as well as practitioners of medicine.

NECROLOGY. Hortloup, P., successor to Record and Cullerier in the Hopital du Midi, died Jan. 11th, 1893. Aged 56.

Hardy, Alfred, Professor of Clinical Medicine in the Paris Medical Faculty. The oldest of the French dermatologists, author of *Traite des Maladies de la Peau*, died Jan. 23, 1893. Aged 82.

Vidal, Emil, senior physician to the Hopital St. Louis. One of the best known of the dermatologists of France, died June, 1893. Aged 68.

Lailler, Ch., Physician to the Hopital St. Louis, and one who has done so much to make the museum of this celebrated hospital the finest in the world, died Aug. 10, 1893, aged 71.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland O.

A New VOLUME, (Vol. VIII) commences with November, 1892; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

In no case should money be sent by check, except on New York City, or Cleveland. Original Communications, reports of cases, and local news of general medical interest, are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

MEDICAL LEGISLATION IN OHIO.

The Lancet-Clinic, which is doing yeoman's service in the cause of medical legislation in Ohio, publishes the following editorial on the Amick consumption cure in its last number :

"Dr. J. E. Reeves, of Chattanooga, was sued by these people for denouncing their concern and practice as fraudulent. The trial is over and the verdict was in favor of the defendant. Physicians in other localities where the Amick Company is advertising largely will make a note of this decision. It is hoped the general advertising agent of the Amick Company will spread the decision largely, and, if he don't, let members of the medical profession stand up straight and point to the Chattanooga court decision.

"Those whom the gods would destroy they first make mad. Several columns of daily newspaper 'ads.' have recently appeared

in the secular press of this city, and supposably in other places, coupling alleged interviews of prominent physicians with those of notorious quacks. Newspaper publishers who will thus sell the services of their reporters are guilty of a nameless infamy. Meaner or more disgraceful work than this was never before required of intelligent employes. Such efforts on the part of these charlatans should arouse the active indignation of every reputable medical practitioner in the Ohio Valley. This activity should focus on a bill for the regulation of the practice of medicine in the State of Ohio.

“Politicians recognize the situation and are coming around to find out something as to the wants of the medical profession from the next legislature, and are getting the desired information. These gentlemen—and some of them are our best citizens—should have the support of the medical profession at the polls and before the election, while the man about whom there is any suspicion as to his attitude on this one question of medical legislation should be snowed under by the largest possible number of ballots.

“The question as to membership in the Republican or Democratic parties is of insignificance to physicians in comparison with this one burning question of the hour and day. Our city, state and newspapers are flooded with this infamy, that is financially and physically bleeding the people at every pore. The would-be State Senator or Representative who will not openly assert his position on this subject is to be marked as doubtful, and not to be supported by the medical profession, but turned down and then sat upon. This matter does not pertain alone to the welfare of the physicians of the state, but equally concerns that of all citizens.

“One of the chief purposes of the legislature is to enact laws for the protection of innocent people from the criminal classes. Burglars, thieves and robbers are classed with those who receive stolen goods and by fraudulent representations obtain money under false pretenses. Quacks and charlatans are outlaws in medicine—creatures who have been excommunicated from the medical profession for their unprofessional acts. They should also be placed under the criminal ban by the people they scheme against.

" Never before was there a more pertinent opportunity for a reference to those who would attempt to steal the very garb and livery of heaven in order that they might deceive the very elect. Never before was there such a call made for the absolute extermination of these fellows of the baser sort.

" Do not be deluded by the statement that these quacks are graduates of regular medical schools and colleges, and thereby have a right to advertise their special knowledge, and have their names associated with those of reputable physicians. That they attended lectures and received diplomas may not be denied, but there was one phase of their character that could not be verified by their teachers and professors, and that was their dishonesty of purpose. Their morals were on a par with those of a Sunday-school graduate who becomes a thief and murderer. The teaching of the Sunday-school was all right, and so was the preaching of the preacher, and neither can be held responsible for the villain who deceived them. So with the medical school and college, the teaching was all right, but the morals of an exceptional student were all wrong.

" Laws are made for the punishment of the guilty and for the protection of the innocent. For that reason laws creating a state board of medical examiners is demanded by the medical profession, and they make this demand in the name of justice, righteousness, and society.

" The American people are certainly the most patient in all the world, for it is only after a continual abuse of their rights and privileges that they are aroused to a revolt. The revolt has come. Quackery and charlatanism must find an abiding place in some other confines than within the bounds of the State of Ohio. Our more than six thousand physicians in good and reputable standing can turn this election one way or the other just as they please. And we are not at all particular as to party lines so the men are elected to the legislature who will loudly support this one bill creating a State board of medical examiners. Physicians will be real good to themselves and to their profession whenever they swap votes for the purpose of electing the men who will support this one

measure, which is of more personal importance to every physician in the State than the questions of tariff or free trade.

"Carry this information to your minister and your school-teacher, and to every educated man in the community, and interest these men in righting a great wrong. Tell such men of the great work of medicine for the people; how it controls epidemics, and shields the State and nation from disease and pestilence; and that this claim for recognition and justice is a righteous one.

"The venal columns of a press that will drive its young men to do the vilest of work for fraudulent men must and will go down before our banners. Truth and righteousness will and shall prevail.

"The Amick Cure people are not the only quacks in this city and State, for the newspaper columns are full of the gush of a myriad of the ilk."

GAZETTE BILLS. -

We quote the following from the *American Medical Journal*, which we have no doubt has been the experience of every medical publisher :

We have sent a friendly letter with statement of account to nearly all who are indebted to this journal. We have done this first, to get what is due us, because we need it, and secondly, to have everyone understand plainly how they stand with us. We have received many letters saying : "Do not hesitate in sending us statement of account ;" "it is our neglect ;" or, "carelessness ;" "we beg pardon," etc., etc. Some say "we thought we had paid you." A few : "We have paid you ;" and occasionally one breaks out, "Stop the *Journal* ; we wont be annoyed by duns." A few, because we have allowed them to run behind, ignore us entirely. Now we send a receipt to every one who pays us, and we receipt for the years he is in arrears, so that it is an easy matter to prove the payment, should a second call for that year be made. Paste your receipt in the volume you have paid so that it can be found. Some at the beginning of the year pay for the past year, and in time they conclude that it is for the present year. Time flies quickly, and we forget an editor can't

keep accounts in his head. He aims to keep his books accurately, though mistakes are possible. The receipt will soon show up the error. Then we are ready to acknowledge and confess and beg pardon. We cannot afford to carry a subscriber from year to year without a response to our demands, and finally, when no answer, when patience ceases to be a virtue, we draw on you through the bank and ask you to honor. This is the last call. Those in arrears four and six dollars must expect this when no response is given to the bill sent by mail.

THE KALAMAZOO PUBLIC LIBRARY AND MEDICAL SOCIETY BUILDING.

The beautiful sandstone building shown on our frontispiece, bears upon an inner wall (placed there without the knowledge or consent of the donors) a modest and artistic bronze tablet, upon which is inscribed : "This building is the gift of Dr. and Mrs. E. H. Van Deusen to the citizens of Kalamazoo, 1893." In the year 1893 Dr. and Mrs. Van Deusen placed in the hands of the Board of Education the sum of \$50,000, with the request that it be expended in the construction of a free library building for the use of all the people. Only one reservation was made which was prompted by the doctors regard for the profession of which he is an honored member. It was required that one room in the building should be set apart and kept for the use and occupancy of the county "Academy of Medicine," during the existence of the organization, and if ever disorganized it was to revert to the owners of the building.

This is a spacious and beautiful room with an alcove toilet and cloak rooms adjoining. It is elegantly furnished with cabinets for books and specimens, tables and desks of hardwood, leather cushioned chairs, all through the generosity of the donors. It is indeed a most attractive and convenient home for the Academy of Medicine. Like all the other rooms it is arranged with special

reference to its utility and general helpfulness to the profession, not only the regular meetings of the Society are held here, but it is the custom among the local members to drop in to the meeting room at a certain hour of the day, or evening, to peruse books and journals or meet the brethren in conversation. It was here at the time of our visit that we chanced to meet the kindly gentleman who bestowed the gift upon the public and profession of Kalamazoo. The doctor has a robust figure inherited from a sturdy Dutch ancestry; while his whitening hair and ruddy face might be likened to a frost fallen too early on a genial autumn.

Upon the same floor with the Medical Society Rooms is a large and cheerful apartment with all the necessary appointments, occupied by the Board of Education.

The first floor all is devoted to the purposes of library and reading rooms. The capacity of the circulating library is about 85,000 volumes. The delivery room and librarians offices are also on this floor. The general reading room is large and well lighted, and has an open fireplace with an elegant mantel. From this room one gets a view of the handsome corridor and staircase. The floors are of tile and mosaic.

In the basement is carried out another of Dr. Van Deusen's ideas. He enjoys his cigar, and realizes that there is quite an element in the community with a similar taste and who, if an opportunity was afforded to go into a nicely warmed and ventilated room without stopping for a change of apparel worn in the shop or factory, and read the daily papers, trade or mechanical journals, and at the same time indulge in a smoke, would enjoy, appreciate, and be largely benefited by such a privilege. A room of this kind known as "The Reading and Smoking Room" has been supplied. It is 26 x 45 feet with an alcove 10 x 15 feet, is well lighted and ventilated, has a large fire place and is as well furnished as the general reading room. The basement also contains a museum, catalogueing room, boiler and toilet rooms.

The decoration of the building is pronounced by every one to be perfect. This was done entirely under the direction of Dr. Van

Deusen who also took great personal interest in designing the building and in supervising the work, giving the committee the benefit of a large and varied experience in public building.

Mr. Henry E. Hoyt of the Board of Education, who was superintendent of construction, has kindly furnished the data for this description. The original gift was \$50,000, the cost will be nearly \$60,000, as the donors have added much to the original contract, sparing nothing to perfect the plan in all its details.

Although the city of Kalamazoo has other interesting features to boast of, for instance, the Michigan State Insane Asylum which is located there, the Wilbur Home and School for Feeble Minded Children with its beautiful site and salubrious environments, the immense celery fields which nearly surround the city. Beside her delightful streets and lawns, there is nothing which her citizens are more fond of exhibiting with pride and satisfaction than the Public Library and Medical Society Building.

Here is a little city of 20,000 inhabitants, whose Medical Society has a meeting place that the citizens and profession of Cleveland might well envy. Cleveland is fifteen times the size of Kalamazoo and with doctors more numerous in proportion, and yet we have nothing to compare with them in the way of a home for any or all of our Medical Societies. In fact we have nothing at all in the way of a permanent meeting place for our organizations. The medical societies rent accommodations, if such they may be called, now here, now there, and move oftener than the average citizen's family. There is no good reason why this is either necessary or advisable. We have medical men here who are able to contribute handsomely toward a permanent meeting place for the profession. If no individual, or no few individuals feel disposed to shoulder the whole burden the membership in this community is sufficiently large to carry it by a general contribution. If no one society feels able alone, what's to hinder the various fraternities from combining on a building, a hall, a suite of rooms, or something permanent, suitable, pleasant, and accessible as a place of meeting?

AMONG OUR EXCHANGES.

BY L. B. TUCKERMAN, M. D.

The increasing frequency of criminal assaults on women and girls, as our immigrant and tramp population grows apace, has an interesting side-light thrown upon it by some cases reported in the *Vratch*¹ which would go to show that in those lands from which much of our recent immigration is coming, married life, even, is often ushered in with an assault, which, in our eyes, would be regarded as little short of criminal, to say the least, and which often results in serious lesions. On the 16th of last April, a young peasant woman was admitted to one of the local hospitals in Little Russia on account of complete incontinence of urine, the bladder being completely emptied on walking. Inquiry elicited the information that the patient had married a peasant of twenty-four about two months previously. According to the custom prevailing among the Ukraine peasantry the couple were obliged to pass their "first night" in the presence of several eye-witnesses (called *shafers* or *drushkos*, i. e. best men) whose duties include that of personally elucidating the fact whether the bride is "innocent" or no. For some reason or other, the bridegroom's first attempt at coition failed altogether, in view of which (and again according to popular custom) one of the "best men" was delegated to destroy the girl's hymen by means of his forefinger. The delegate, however, missed the vagina and got into the urethra. A hæmorrhage ensued which lasted for a week. Examination showed that both the urethra and the anterior vaginal wall were ruptured with a rent measuring four centimetres in length. The rent was sutured in the usual way and the woman was discharged cured. In another locality, a peasant girl aged eighteen was brought to the infirmary two days after her marriage. Examination revealed sloughs on the left minor and major labia and multiple erosions of the mucous membrane of the right nympha as well as

1. St. Louis Med. Journal, Aug., 1893.

about the vaginal outlet generally. The hymen, which was of the annular variety, proved to be intact, but its lower segment was found to be completely torn off from the whole periphery of the navicular fossa. It seems that the bridegroom, a lad of eighteen, had entertained some doubt of his virile potency, and, following a "best man's" advice, had attempted to lacerate the hymen with his fore-finger wrapped in the bride's coarse canvas chemise. Profuse bleeding followed, and the couple's relatives tried to stop it, first by applying snuff tobacco, and then with a red hot iron, which latter occasioned the sloughing. The sloughs were removed and in two weeks she was discharged cured, and, without appreciable disfigurement. It is hardly to be wondered at that semi-barbarians thus brutal in their marriage customs, should, now and then, brutally assault females outside the pale of wedlock. Very interesting are the operations on the uterine appendages reported by DR. W. M. POLK, of New York City, and undertaken with a view not of abolishing, but of preserving the functions of ovulation and menstruation¹ which, he maintains, are necessary to the health of the woman during those years in which they naturally obtain. His rule is, not to take out ovary and tube together unless the ovary is hopelessly diseased. If the tube is diseased and the ovary healthy, remove the tube; if the distal end of the tube is diseased and the proximal end healthy, remove the distal end—the proximal end will, now and then, recover function, and pregnancy may result as it did result in one of his cases where, in a patient with hematoma of the right ovary and double hematosalpinx with adhesions and with the left ovary normal, removal of the right ovary and tube, and resection of the diseased portion of the left tube leaving the healthy ovary, was followed by pregnancy, and the delivery of a living child two years after operation. If a portion only of the ovary is diseased, if possible, resect and leave the healthy portion. Menstruation will go on and pregnancy may result as did result in a case of his suffering from hematoma of both ovaries. Though the left ovary was hopelessly involved and was removed together with its tube, the right ovary was

1. N. Y. Jour. of Gynecology, Aug. '98.

involved only to about half its extent, and was resected, and its tube, being free from disease, was not touched. The patient made a good recovery, and was, at the time the case was reported, four and a half months pregnant—another triumph for conservative surgery which we are glad to call attention to. DR. HERBERT SNOW¹ strongly emphasizes the necessity of early and unremitting medical treatment in cases of *cancer*. He says “Making certain local exceptions which must needs occur to every one, the golden rule in cancer not amenable to cure by surgical eradication, is to initiate at the earliest moment the administration of opium or morphia in small, continued, gradually increasing doses. The patient with an incurable malignant tumor should thus become permanently subject to the morphia habit, purposely induced. The drug should be given with the avowed object of arresting and keeping in check the progress of the lesion. The benefits of this principle are most evident in connection with carcinoma in the female breast, though by no means limited to this. If we are able to get the patient well under the influence of opium before ulceration has taken place, and the case be not of the acute type, we commonly see the organ pass into that atrophic, shrivelled condition of almost stationary disease which causes no suffering, and is compatible with many years of comfortable existence. In uterine cancer, of which ulceration is a feature *ab initio*, considerable prolongation of life is effected, but not to so marked an extent as in the breast. The practice of withholding opium until compelled by pain to resort to its use merits unmeasured condemnation from every point of view. Careful tending is imperative, and undue exertion should be avoided; an ulcer should never be permitted to become covered with an unsightly scab, or to emit an offensive smell; rest in bed should be encouraged. A patient who has been operated upon should, if possible, be kept under observation for at least two years subsequently. In any such believed to be liable to ‘recurrence,’ and, particularly in women who display the peculiar physical signs of marrow infection, treatment on the above plan should be instituted immediately after recovery. Humanely speaking, the path of im-

1. Med. Press and Circular.

provement which I have here attempted imperfectly to indicate, would seem at present to lie far more in the better use of weapons long ready to our hand than in the discovery of new." In an article on Nutrition Neuroses in Children,¹ DR. W. S. CHRISTOPHER of Chicago, Ill., cites instances going to show that *nocturnal incontinence of urine, vesical tenesmus and incontinence of feces* may be starvation neuroses, and in such cases mere drugging gives little hope of betterment. As in other manifestations of the rachitic diathesis, the utmost attention must be paid to diet and general hygiene if the physician is to expect any satisfactory result. An interesting series of cases of *erysipelas* treated successfully with solution of permanganate of potash applied locally, is reported by Dr. W. W. BURKETT of Granger, Ind.² The strength of solution used was from two to three drams of permanganate to one pint of water, according to the severity of the case. The affected parts were kept covered with compresses wet with the solution, and in *facial erysipelas* involving the nose, the nostrils were syringed with a weaker solution (3 j to o j) about every four hours. All the cases reported, four in number, were severe cases, and all were discharged cured in from three to ten days.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

THE THEORY AND PRACTICE OF MEDICINE. Prepared for Students and Practitioners. By James T. Whittaker, M. D., LL. D., Professor of the Theory and Practice of Medicine in the Medical College of Ohio; Lecturer on Clinical Medicine at the Good Samaritan Hospital; Fellow of the College of Physicians of Philadelphia, etc. One large octavo volume of 840 pages, profusely illustrated by three hundred Engravings and one Chromo-Lithographic Plate. Extra muslin, price \$5.75; leather, price \$6.50. Wm. Wood & Co., New York, 1893.

Although one more work on the practice of medicine is now added to the long list which have appeared during the past decade, it can be said with much truth that the present treatise possesses some valuable features entirely omitted, or too briefly considered, by its predecessors. For example: the all-important subject of Bacteriology in its relation to the infections, "the most frequent and dangerous, at the same time the most preventable of all

1. Med. Standard, Aug., '93. 2. New Albany Med. Herald.

diseases," has been fully and ably discussed. We also notice an account of some subjects not usually included in a work on practice, but nevertheless of importance to the physician, *e. g.*, skin diseases occasioned by animal and vegetable parasites, also gonorrhœa, chancroid and drowning.

Much space has been devoted to etiology and diagnosis, and the treatment of the various affections is quite full and to the point.

The chromo-lithographic plate representing the many forms of pathogenic micro-organisms is a beautiful example of artistic skill, and, with the three hundred illustrations interspersed throughout the volume, elucidates the text in a manner unequaled by any previous work on the practice of medicine.

The treatise is appropriately dedicated to Robert Koch, whom the author—his first American student—states is making a science of the art of medicine as a result of his bacteriological discoveries; he also includes in his dedication his friend George M. Sternberg, whom he credits with being the pioneer of parasitism in this country.

Taken all in all the book is one which the profession will no doubt soon adopt as a reliable counselor in many of the perplexities of medical practice, and especially will it prove of inestimable value to the young physician, who with microscope and test tube, would fit himself for the higher positions in medical science. The publishers have performed their part in a manner which admits of no improvement.

GOWERS' DISEASES OF THE NERVOUS SYSTEM. Second Edition. A complete manual of the diseases of the nervous system. By William R. Gowers, M. D., F. R. C. P. (Lond.), Professor Clinical Medicine, University College, London; Physician to National Hospital for the Paralyzed and Epileptic; late Physician University College, London, etc. With about 375 illustrations, including over 600 different figures. In two handsome octavo volumes. P. Blakiston, Son & Co., Philadelphia, 1893.

The second and concluding volume of Gowers' admirable treatise on nervous diseases has finally appeared, the delay having been occasioned, as the author informs us in the preface, by the needed thorough revision and the incorporation of the chief results of the investigations of the last five years. Numerous additions, amounting to about one hundred pages, appear in the present edition.

We feel warranted in stating that this work still maintains its reputation as the most complete and in all respects satisfactory text-book on diseases of the nervous system in the English language. The publishers have done their part well.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A yearly report of the Progress of the General Sanitary Sciences throughout the world. Edited by Charles E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. The F. A. Davis Company, Publishers, Philadelphia, New York, Chicago and London, 1893.

We were agreeably surprised at the prompt appearance of the sixth issue of the Annual, as we feared the absence of the editor in Paris might delay its publication.

“In addition to the former strong corps of editors we notice the presence in the active list of twelve such eminent names as Du-jardin-Beaumetz, Benj. Ward Richardson, Lepine, Obertseiner, Bourneville, Kerr, Lutand, Budin, Buxton, Levison, Apostoli, and Poirier, each at the head of a department, representing his own particular sphere, affords an example of the position enjoyed by the work in Europe. The countries represented by these authors include those in which, outside of its native land, it has found the greatest appreciation. Though remaining American in every sense of the word, the truly international character of the Annual, scientifically speaking, is thus asserted, and if it does intend as an American work to claim increased recognition abroad, it first affords a proof of its own generosity. Indeed the Western Continent has developed at a speed unparalleled in the history of all times; utilizing the best of every land its integral elements are untrammelled in their progress by routine and unrestrained in their scope by self-sufficiency. Medicine has had its share in this general advance, and were America's many contributions to the welfare of suffering humanity removed from modern methods, a gap of surprising dimensions would appear. Perhaps in a better position than any one to judge, the editor could with regret, however, point to the large proportion of really valuable articles published in the United States remaining unseen on the continent of Europe. It were vain to deny their sufficient worth, many neglected works are indeed far above the average of general medical literature. As regards

bibliographical research none can show more valuable labor, unbarrassed by insular prejudices, assisted by that most valuable publication, the Index Medicus, no class of authors seek more to do justice to all nations than that represented by the American medical profession."

We do not know how any member of the profession who wishes to keep abreast of all that is being done for the advancement of medical science throughout the world can get along without the Annual of the Universal Medical Sciences.

NOTES AND COMMENTS.

Dr. S. C. Ayers has been appointed Professor of Ophthalmology and *Dr. J. C. Culbertson* Professor of the Principles and Practice of Medicine in the Cincinnati College of Medicine and Surgery.

Dr. A. M. Davis, W. R. U. '83, has been elected Grand Medical Examiner Select Knights, A. O. U. W., of Kansas.

Feeble Minded Children are sometimes brought to the physician by their distressed parents or guardians, for advice as to what can be done to alleviate their condition or where they can be cared for and educated. To meet the wants of this unfortunate class, *Dr. C. T. Wilbur*, after eighteen years of labor at the Illinois State Asylum for Feeble Minded Children, which grew under his supervision from a school of five pupils in a rented house to one of the largest establishments of its kind in the world, in 1884 resigned his position there and established a private select school in the suburbs of Kalamazoo, Mich. Some of the features of this model school and home for the feeble minded we shall take occasion from time to time to depict to our readers deeming them of interest not merely to philanthropists generally, but to physicians especially.

Dr. S. Pozzi, of Paris, recently spent a couple of days in Cleveland, as the guest of *Dr. Dudley P. Allen*.

His trip to this country was to visit the Exposition, and our chief cities. In doing so he traversed the continent, making quite an extensive trip upon the Pacific coast.

He also was commissioned by the French government to visit a considerable number of medical institutions.

Dr. Pozzi is the author of the most successful work on Gynecology, that has ever been published in the French language, a work which has been translated into a number of other languages, and which has met a most flattering reception at the hands of the American practitioners.

During his stay in Cleveland he operated in Charity Hospital, in the presence of many of the staff, the faculty, and the students of the Western Reserve Medical School. It was a source of regret that the profession of the city could not have been present, but it was not definitely known that he could be persuaded to operate until a late hour on Friday evening, so that it was impossible to get the profession together for the operation which was performed early Saturday morning.

Dr. Pozzi performed a laparotomy, demonstrating his methods, which are in many respects those common in Paris. To operate, the patient is drawn down upon the table, the operator sitting between her thighs. Instead of sponges, he uses gauze folded into squares from six to nine inches broad, and of six thicknesses.

The case was one of great difficulty, being a double salpingitis, extremely adherent and difficult of enucleation. The hemorrhage was profuse, and was controlled by packing the cavity of the pelvis with pieces of gauze. After the hemorrhage had been somewhat controlled in this way, a Mikulicz tampon was drawn down into the pelvis, and packed full of strips of iodoform gauze. In this way, the hemorrhage was completely controlled and a thorough drainage of the abdominal cavity secured. The strips were removed the third or fourth day, and the patient has made a complete recovery.

Dr. Pozzi bears with him the good wishes of the profession, and feelings of appreciation and admiration for the successful way in which he operated before them.

Illness of Sir Andrew Clark.—We learn with great regret that Dr. Clark has been instantaneously stricken down by a cerebral hæmorrhage. He was conversing with a patient when the blow fell. Two days previously he had occupied the chair as president of the Royal College of Physicians, on the occasion of the Harveian oration.—*New York Medical Journal.*

The Biography of Ephraim McDowell.—We are notified by the publisher of the Biography of Ephraim McDowell, that the book is out of print. Both they and we have received numerous complaints from persons who have paid a supposed agent in advance for the work and have failed to receive it. We advise against any business with a traveling agent, and especially in paying in advance for a copy of the work.—*Medical News.*

The rod test for muscular insufficiency with rotary variable prisms.—Dr. Edward Jackson, of Philadelphia, has devised an ingenious little instrument that combines all the advantages of more elaborate and cumbersome apparatus for the detection and measurement of muscular insufficiencies. A description of the instrument will be published in the transactions of the ophthalmological section of the American Medical Association. From a personal use of the instrument in a goodly number of cases, and comparing the results with that obtained from other tests, we can state that Dr. Jackson's instrument is satisfactory from a practical as well as a theoretical standpoint.

Dr. H. St. John Roose relates the following story : Mr. Choate having arrived at the old-sighted age, did not recognize it, or did not wish to commence the use of glasses, and in pleading a cause had difficulty in seeing his notes, and in order to properly decipher his manuscript, kept holding his paper farther and farther off. This at last annoyed the Judge so that he said: "Mr. Choate, I would advise you to get one of two things, either a pair of tongs or a pair of spectacles.—*The Medical Bulletin.*

The Fraudulent Diploma Industry.—Recorder Smyth used the most scathing language when recently sentencing a convicted dealer in fraudulent diplomas, one "Dr." Walter May Rew. The following paragraphs show that the Recorder recognized even more fully than some of our own profession, the grave consequences of this form of tampering with the general and ignorant public. Among other things, he said: "In my judgment, a more dangerous or more despicable action of this prisoner, a man undoubtedly of education, who ought to be a man of refinement, and whose medical education ought to have taught him, as it does teach, that he is to act in a humane manner and not in such a way as to endanger either the lives or comfort of his fellow-beings. When such a man as he commits a crime of this character, he is, in my judgment, worse than one who has not had the advantages which the defendant enjoyed.

"However, he is an old man, who, at some time of his life, probably the greater part of it, has been engaged in an honorable occupation. He has been intrusted, as I understand it, by reputable members of his profession, to help them with their work. Something must have happened, probably his poverty or his bad habit—his indulgence in opium—to have brought him to the disgraceful position in which he is placed to-day. I am not inclined to deal harshly with him, but an example must be made of him for the purpose of deterring other persons engaged in like business." The Recorder further commented on the fact that the punishment of this criminal had grown out of an investigation made by the daily papers. The heavy expenses necessary to the successful carrying out of the inquiry, which was not so much the bringing of an individual criminal to justice as it was to point out the fact that the laws in many States of the Union were radically defective in this direction, had been borne by the newspapers without municipal assistance. The fact that there are such poor laws for the protection of citizens against the acts of ignorant pretenders, indicates, as the Recorder remarked, "a most extraordinary state of affairs, one that is enough to frighten the whole country. "It is astonishing," he continued, "for the people of the United States to find that they should run the risk every day in some parts of the land of the terrible mischief which has been committed by men ignorant of the profession which they undertake to practice." These are timely although caustic sentences.—*New York Medical Journal.*

The Use of a State Board of Medical Examiners.—What is to be thought of a medical college that will accept of a student's fees for tuition and graduation, and then not give him such an amount and quality of instruction as to enable him to pass the ordinary examination of a state board of examiners. Such courses are given not far from Cincinnati, but not by the regular colleges of this city. Any sort of a man, with any sort of a diploma, can at this writing practice medicine in the State of Ohio; but an examining board will ere long be in effect. When such a law is enacted, where, oh, where! will the untaught practitioner find rest for the soles of his feet? For Ohio is the only large or populous State in the Union that is not now blessed with a State board of medical examiners.

Largely in the near future alleged medical schools and colleges that are without facilities or capable instructors will find their occupation gone, and only remembered by the remains, which should be put away tenderly but effectually. In doing so, "The saddest words of tongue or pen, it might have been," or words to that effect, may be chanted to the tune of "Old Grimes," etc.

MORAL: Medical students should only attend such schools and colleges as give courses of instruction that are a guarantee to students that they will pass muster before any State or other board of examiners that may be convened for any purpose.—*The Cincinnati Lancet-Clinic*.

Where a "prize honor man" in a large graduating class in a medical college fails to pass a State examining board, what must be the character of the instruction imparted in such a college? This is a little circumstance that is liable to happen to graduates of inferior and ill-equipped medical schools. Medical students do well to inquire as to the reputability of the college they propose to attend, and from which they expect to graduate. The remainder of the recent graduates from the school referred to have not yet been heard from. Impartial medical examining boards are the true sieves through which medical students should pass. Furthermore, these boards quickly learn to grade the schools and colleges according to the attainments of those who come before them for examination.—*The Cincinnati Lancet-Clinic*.

Doctor:—"Well, my fine little fellow, I was sure that the pills I left would cure you. How did you take them, in water or in cake?"

Boy:—"I used them in my pop-gun."

Scientists are now telling us that the dangerous microbe is lurking in the greenback. "Those in arrears for subscription," says a contemporary, "can send the amount, we have facilities for disinfecting small amounts, and are willing to take the risk."

"If you must know, madam," said the doctor, "your husband won't live twenty-four hours." "Good gracious," ejaculated the heart-broken woman; "and here you've gone and prescribed medicine enough for five days."—*Detroit Free Press*.

Wife :—"An' phwy do yez be takin' thim pills when yez are all well again?" *Husband* :—"Faith, would yez be after havin' me let a dollars worth of pills go to waste? It's a thriftless family Oi married into, sure."—*New York Weekly*.

A Judge, in crossing the Irish channel one stormy night, knocked against a well-known witty lawyer, who was suffering terribly from sea-sickness. "Can I do anything for you?" said the judge. "Yes," gasped the sea-sick lawyer, "I wish your lordship would overrule this motion."—*White Mountain Echo*.

Professor Roswell Park.—Last week we published a selection from our excellent contemporary, the *Boston Medical and Surgical Journal*, bearing on the fatal accidents that frequently occur to physicians as a result of their unselfish devotion to professional duty. As the words were being printed an eminent member of our guild, whom we all delight to honor, Dr. Park, of Buffalo, was most dangerously ill with diphtheria, derived from a patient in the performance of the operation of intubation. We are happy to be able to state that, according to latest advices, Dr. Park is convalescent.—*Medical News*.

Newspaper Medicine Again.—A writer in the *St. Louis Globe-Democrat* has soared above the mere blundering to which newspaper writers usually confine themselves when they descant on medical matters. In an account of an operation for traumatic aneurysm of the femoral artery, he says that the surgeon "cut a heart out of a man's leg." He goes on as follows: "Instead of being necessary to the patient's existence, as hearts usually are, this organ was a very dangerous possession and was likely to end his life at any moment. The heart was almost as large as the one usually found inside a man's ribs, and beat in very much the same manner. It was situated upon the inside of the right leg, four or five inches above the knee, and was more tender than the ball of the owner's eye. . . . The aneurysm could be seen to beat to all intents and purposes like any other heart. If one brought his ear close to it he could hear a constantly repeated blowing or breathing sound coming from beneath the skin. *This noise was caused by the vacant air space around the swollen artery where it had crowded the muscles aside.*" The operation is described thus: "A sharp knife laid the tissues aside and exposed the femoral artery with its apple-shaped bulb. The artery was then tied, or 'ligated,' two inches above and two inches below the swelling, and the big bulb cut open. Nearly a pint of blood gushed forth and then there was no heart left. The slit artery was then sewed together with fine silk threads previously soaked in antiseptic solutions and left to heal. The ligatures above and below were left to remain, however, until the artery is fully healed. Then they will be untied and the blood allowed to go down Gentry's [that was the patient's name] leg as usual. In the mean time the patient's limb will receive blood from the smaller arteries, and will in all probability keep from dying."—*N. Y. Med. Journal*.

Lawson Tait has caused a decided shock to the total abstainers of Great Britain by the following declaration anent alcohol :

"I have been fully persuaded, after thirty years of life, as hard in work and as full of responsibility as well could be, that the moderate use of alcohol is a necessity in our modern life.

The argument against all and every use of alcohol which we used to hear much of years ago was based on the statement that it was not a product of nature and not used in any natural condition. The argument itself is a very unsafe one, even if the premises were correct, but they are not, and the plague of wasps has proved it.

I have been watching wasps with great interest, and have noticed the avidity with which they attack certain fruit when fully ripe, rotting, in fact, and I have also noticed some of the peculiar results of their doing so. The sugar in some fruits which are most attacked by wasps has a tendency to pass into a kind or kinds of alcohol in the ordinary process of rotting, a fact which is easily ascertained by the use of a still not large enough to attract the attention of the excise authorities. On such fruits, particularly grapes and certain plums, you will see wasps pushing and fighting in numbers much larger than can be accommodated, and you will see them get very drunk, crawl away in a semi-somnolent condition and repose in the grass for some time, till they get over the "bout," and then they will go at it again. It is while they are thus affected that they do their worst in stinging, both in the virulent nature of the stroke and the unprovoked assaults of which they are guilty.

I was stung last year by a drunken wasp, and suffered severely from symptoms of nerve poison for several days. In such drunken peculiarities they resemble their human contemporaries.

There are certain plants (orchids) whose cross-fertilization is secured by a regular system of public-houses in which bees are made drunk, for without inebriation the bees would not go through the antics by which alone the orchids can be fertilized."—*Medical Standard*.

He Instructs the Public in the Name of Medicine.—The climax is reached when "Leslie E. Keeley, M. D." (the "LL.D." is strangely omitted!), through the columns of the *New York Sun* (*par nobile fratrum*!) reviews the history and progress of medicine, discussing seriously the cause of disease and the contributions of science to pathology. The moral of it all is that the profession has always and without exception at first denied and persistently fought every medical discovery finally forced upon it by the intellectual giants of therapeutics. One would like to ask the shrewd proprietors of the *Sun* : 1. How much they received for the two-column advertisement inserted as genuine reading-matter? 2. If not paid for as an advertisement, why they give two columns of their space gratis to one advertiser and charge such a high price for two columns to another advertiser?—*Medical News*.



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No. 2.

ORIGINAL ARTICLES.

AMPUTATION OF THE FEMALE BREAST.*

AN ADDRESS BY W. W. KEEN, M. D., LL. D.

Professor of the Principles of Surgery and of Clinical Surgery in
Jefferson Medical College, Philadelphia

Mr. President, Ladies and Gentlemen:

It gives me very great pleasure, I assure you, to be present this evening as the guest of the Cleveland Medical Society.

I have never known in my acquaintance with medical societies one that has been more active and vigorous, and I am also glad to say, more successful than this society. I am sure that it would be difficult in Philadelphia, where we have over two thousand physicians, to gather together such an assemblage of physicians as this, and I feel very highly honored in having so large an audience.

I spoke also of your being active and vigorous as well as successful, and I was glad to note in the reading of the minutes an appropriation of one hundred dollars for a medical library. The College of Physicians of Philadelphia, the oldest medical body in this country, dating from 1787, moved into a new building in 1865. The entire library at that time, gathered during a period of nearly seventy-five years, was carried up in two furniture wagons. From 1865 until now, a period of less than thirty years, the library has grown so rapidly that, with the exception of the Surgeon General's

*Delivered before the Cleveland Medical Society, September 28, 1894. Reported by Dr. W. F. Brokaw.

library at Washington, it is the largest in this country. We have nearly fifty thousand volumes, besides twenty-five thousand unbound pamphlets and journals.

Let me commend to you most earnestly this subject of a medical library. The first thing I do when preparing to write a medical paper is to consult the "Index Medicus" and then go to our library. These books will repay you ten, yes, a hundredfold, over their cost. It would pay this city to give every year a certain sum towards such a library. Let the city council appropriate a certain amount, say one thousand dollars, every year, as Congress does for the Surgeon General's library at Washington. It would result in larger advantages and better education of all the physicians in this city, and therefore inure to the advantage of every sick person in the city. You have in sight the sum of five thousand dollars, and I understand it may be made a branch of the city library, and possibly hereafter may have much greater additional facilities. I take occasion to say this to you because I know the advantages of such a library as is found in Philadelphia.

I shall say a few words tonight about amputation of the female breast for cancer or allied disease. I have chosen this subject for the very reason that cancer of the breast is so common. Every doctor here has seen some cases, and some of you undoubtedly have seen scores. Another reason is because the last fifteen years, or even ten years, have seen great improvements both in our diagnosis and in our methods of treatment. A third reason is that through you I want the general public to appreciate the extraordinarily good results of modern surgical treatment—for the results we are getting today are enormously better, not only as to mortality but as to *definite cure*—so that women will seek your help the instant that they discover a tumor in the breast, and by an early operation be saved from horrible suffering and death.

The question of tumors of the male breast (for there is, you know, in the male a rudimentary breast) can practically be dismissed in a few words. There have been somewhat over a hundred cases published of cancer of the male breast; but the disease is so rare that in more than thirty years of active practice I have seen but one case.

But on the contrary, tumors of the female breast are extremely common. It has been estimated that in this country over 14,000 persons have cancer in one form or another. In 1880 there were 1,387 deaths from cancer of all forms in one year, and now it has probably increased to 1,500 deaths per annum.

As to the frequency of the locality of cancer, in 13,824 cases, in both sexes, in all parts of the body, collected by Williams, there were in the uterus 19.2 per cent., almost one-fifth. Next came the female breast with 17.5 per cent.; and if we consider only cancer in women, out of 9,227 cases there were 28.7 per cent. of cancer of the uterus, and over 26 per cent. of cancer of the breast. So that, of all cancers in women, more than one-quarter grow in the breast.

As to the kind of tumor found in the breast, you know, there are very many. Most common of all are the ordinary forms of carcinoma, especially scirrhus; also fibro-adenomata, cysts, and occasionally the breast has to be amputated for general hypertrophy. Gross places the percentage of carcinoma at 83 per cent. of the whole number, and 9 per cent. sarcoma, so that practically 92 per cent. of all mammary tumors are malignant.

Williams, in a series of 9,227 cases, makes the frequency of carcinomata 77.1 per cent.; sarcomata, 4.1 per cent.; all others, 18.8 per cent.

It is a well-founded belief, as you know, that carcinoma is apt to be hereditary to some extent; and this is shown in various statistics to run up to 10 or 12 per cent. Thus with one hundred persons with cancer of the breast, about ten will show a history of cancer in some other members of the family, and 90 per cent. no such hereditary tendency.

It is of the greatest importance to remember that cancer of the breast is most common after forty years of age. The youngest person on record with true carcinoma is mentioned by Henry—a young woman of twenty-one; but practically you can discard almost all cases under thirty, and until thirty-five, thirty-six or thirty-seven it is exceedingly rare; but as you approach forty it is commoner. From forty to fifty it is very common indeed, and after fifty to fifty-five it diminishes in frequency. In youth the adenomata and fibromata are the more common forms seen.

And this leads me more especially to impress upon you one thing, that is, that the most benign growth, if it exists in the breast for some time and shows no tendency to disappear, or still more if it increases in size, should be treated as a malignant growth. If a tumor has persisted for five, six or ten years, or sometimes longer, if it does not disappear by the time the woman reaches forty, it will be apt to become malignant. Therefore, any woman verging towards forty, with such a tumor for a number of years in the breast, should be advised to have an exploratory incision made into it. This will determine, in ninety-nine cases out of a hundred, whether or not it is malignant. Don't wait, I beg of you, gentlemen and ladies, don't wait for that old classic symptom, retraction of the nipple, for in nearly one-half the cases it will not exist. I take no account of it, but I make an incision into the tumor, and if it is malignant or suspicious I amputate the entire breast.

There is no question at all at the present day that cancer is of local origin. In my earlier professional life it was one of the disputed points constantly coming up in medical societies as to whether it was a local or from the first a constitutional disease, and if the latter it was said that no good could come from operating upon the breast. But this question of local origin is no longer confronting us. It is a thing settled, a point won, and women must be taught that this brings hope to them.

As an undoubted illustration of such a local origin, let me refer you to that form of cancer to which Sir James Paget first directed attention a few years ago, and which is known as "Paget's disease of the nipple." It is often spoken of as "chronic eczema" or "psoriasis" of the nipple. It has been shown not to be an eczema at all, but really a superficial epithelioma of the milk ducts in the nipple. Last spring I amputated the breast of an unmarried woman who had had this eczema, so-called, for fifteen years, and had been treated with salves, silver nitrate, copper sulphate, etc., and that by a reputable physician, too, who did not recognize the fact that Paget's disease means malignant disease, and if let alone means disease of the whole breast. In this case it had been allowed to spread throughout the entire breast, and had also invaded the axilla. If, therefore, an ulcer of the nipple does not heal in a rea-

sonable length of time, the breast should be amputated, in order that by the loss of a part we may save a life. This is one illustration of the local origin of it. But in addition we have the fact, already alluded to, that many of the well-recognized cases of non-malignant disease of the breast, tumors which are unquestionably local at first, if allowed to remain, may often become malignant and invade the entire breast.

I will not enter into the question of the parasitic origin of cancer, for this is not at present settled. Many observers are working upon this subject with great assiduity, and will solve, before many more years, the problem whether cancer is really a parasitic disease. If it be answered in the affirmative it will be but another evidence of the fact that cancer is local in its origin, and not a constitutional trouble until very much later.

If, then, cancer of the breast is local at first, can there be a stronger argument for early operation? If you have a fire in the middle of this room, if you see a pile of shavings blazing up, you do not wait until it is a great roaring flame before putting it out. How much more, then, should this be the case when a human life is at stake? I wish, therefore, to impress upon you with the greatest distinctness and greatest force that all cases of cancer, even all tumors that do not disappear in a reasonable time, should be operated upon at the earliest possible moment.

I shall not soon forget a lady who came to me about a year ago, whose brother-in-law was a doctor, and a well-educated doctor at that. More than a year before she told him she had a little lump in the breast. He said, "All right, don't worry about it; after a while let me see it." She was a woman, mind you, over forty years of age, yet he did not even examine it to find out how large it was, whether there was any involvement of the axillary glands or any signs of cancer. One year later, when I saw her, the whole breast and the axilla were involved. I removed the breast and cleaned out the axilla, but only the other day I had to do a second operation for a return of the disease. If she had been operated upon at first she would have had a good chance of living, it may be, ten or twenty years, and of dying a natural death from some other cause than cancer. Early amputation while it is a local trouble and not

waiting until it is a general trouble—this should be the rule. This is not the rule among all of us doctors, I am sorry to say ; but let the real truth be known to the general public, say to the women of this country, “If you have such a lump in the breast, go and consult the best surgeon you can find. If he pronounces it even possibly a cancer, instant operation should be done, and it should be left entirely to him whether he will remove only the tumor or the whole breast, and clean out the axilla after he has cut into the tumor.”

If the tumor is local in the beginning it does not stay so. It will grow either externally towards the skin or internally towards the chest-wall. The little lump, which has been discovered very likely in bathing, the skin being at first freely movable over it, will gradually increase in size and will grow towards the surface, becoming adherent, then purplish and red, and finally ulcerate. It grows also inwards toward the chest-wall ; will invade the pectoral fascia and pectoral muscles ; then becomes adherent to the ribs and the intercostal muscles. But besides this direct growth outwardly and inwardly there is extension by the lymphatics. Sarcomata involve distant parts of the body through the blood, but carcinomata always invade distant parts through the lymphatics. This is another reason for urging early operation before this invasion from the breast in all directions where the lymphatics run. First of all, the disease extends to the glands in the axilla. Of course, it affects the ordinary glands in the axilla, but you must examine also especially the glands which lie along the great pectoral muscle ; perhaps two or three will lie in the intermuscular plane between the pectoralis major and minor and in the space of Mohrenheim, that is to say, the space between the pectoralis minor and the clavicle.

It is a point sometimes overlooked that after you have amputated the breast, you can easily break up the layer of connective tissue between the pectoral muscles simply with the fingers, and reach the coracoid process. Between the upper border of the pectoralis minor and the clavicle, in this space of Mohrenheim, there often exist one or two isolated glands which are infiltrated and enlarged. You may do the best operation in the world according to the best rules, and yet if you leave these infected glands you leave a fire burning that will burn down the house.

As to the lymphatics, very many of them go inward, and some even reach across to the other breast, and therefore occasionally you will find the other breast will become involved and require to be amputated. There are also lymphatics which run directly into the sternum and from there into the mediastinal glands.

Mr. Snow, in the *Lancet* (March 7, 1891), has published a paper upon the bone lesions of cancer of the breast, in which he has stated that there are two spots which we should always examine to see whether or not there is any enlargement and tenderness. The first point is in the sternum just above the articulation of the second rib, that is, at the lower part of the manubrium. It was a surprise to me when I read his statement that nine cases out of twenty-one showed local tenderness just at this point. I have seen, myself, only three cases of involvement of the sternum—two from cancer and one from sarcoma. All three died. In the case of sarcoma, the sternum was too extensively diseased to be removed; in one case of atrophic scirrhus the same was true. In the other case of scirrhus I had already removed the first breast. Through the lymphatics the other breast became involved, and when I amputated it I was obliged to take away a large part of three ribs and of the sternum itself. The other place to which Snow has called attention is in the upper epiphysis of the corresponding humerus. I confess I have never yet seen a case where I could establish this; but I have never sought for it until very lately. Still it may have existed and have been overlooked. I am not prepared to say that it does not exist, but I think it is unusual. He states that while patients do not complain of tenderness, yet we will find it on making pressure; and that they often complain of pain in the sternum, which is regarded as rheumatic, but which is really due to carcinomatous infiltration.

I said a moment ago that I was urgently in favor of an early operation, and that the local origin of the disease was one of the strongest arguments in favor of this, but that I should reinforce it when we came to the statistics of cure.

What do we mean by cure? We mean that if a patient has escaped recurrence for three years, she will almost certainly never have a return of the disease. Recently, Curtis fixes different limits

for different localities, *e. g.*, in the larynx and rectum, four years, as, here, return not uncommonly takes place within four years; but in the breast, when a woman escapes for three years, practically at the end of that time you can say to her, "You are safe." There are certain cases in which ten, fifteen or twenty years afterward the patient has had cancer of the rectum or uterus, but these are most likely cases of an independent origin totally without reference to the original cancer of the breast. We take, therefore, by common consent of surgeons, three years as the limit of safety.

Next, in those who have a return, does it do any good to operate? Does it pay? I believe it does pay except in what are rightly deemed inoperable cases. Even in a case in which the glands and the pectoral muscles are involved, and you are quite sure the patient will have a return, we can say definitely that life may be prolonged twelve to sixteen months more than without operation. And when you consider that nowadays an amputation of the breast, done antiseptically, means for the first twenty-four hours discomfort from the ether, and somewhat from pain, but is attended by but little danger and by little if any rise of temperature worth speaking of, is not such a result worth having? A woman said to me some time since, "I am perfectly amazed that you can do so grave an operation as this and I not have any pain afterwards." But this is not an uncommon thing in these days.

But this moderate prolongation of life is not the only thing. Sometimes you get, by repeated operations, in an unpromising case, a permanently good result. I have had several cases in which I have operated twice, and sometimes even repeatedly, and they lived five, and even ten, years afterward without return. Just at the time I graduated I assisted the late Samuel D. Gross in operating on a woman with sarcoma of the breast, from whom he had removed fifty-two tumors in twenty-three operations in four and one-half years, the last operation being the one in which I assisted; and the woman lived eleven years afterwards and died of some other disease. I do not know which most to admire in this case, the persistence of the surgeon or the bravery of the woman.

Not only does operation prolong life; it does something more. An ordinary case allowed to run its course will cause a great deal

of pain and distress from the ulceration and foul discharge. The growth extends also into the axilla, surrounds the vessels and nerves, causing enormous œdema of the arm, and by pressure on the nerves intense and most distressing pain. But more than this, you not only will remove this source of pain and œdema, but you will render it probable that the woman will possibly die of internal cancer rather than external. All who have treated cancers know how much less painful the internal are, because they cannot ulcerate and become offensive. When I recommend such an operation I say it prolongs life, and when death comes it is much less painful, distressing and repulsive.

Now, as to permanent cure. In 1,234 cases analyzed by Gross, he found 146 cases of cure; that is to say, 11.83 per cent. cured, and that in 1880 before we had learned to operate rightly. I think it a most important thing that women should know that when they have cancer of the breast you can no longer write over their homes the inscription, "Abandon hope, all ye who enter here;" but you can say to them that there is a definite and probable cure. Those were the statistics in 1880, but not long ago Curtis published a paper in which the statistics showed that in cancer of the breast 20.7 per cent. lived for three and more years, after operation, free from the disease, and that, therefore, almost that number are free for the rest of their lives; that in the rectum those living free from recurrence for four years was 21.3 per cent., and what may well surprise us, in the uterus the percentage of cure was 44.8 per cent.

Dennis, in a paper read before the American Surgical Association, reported 25 per cent. cured; and within the present year Bull has published the result in 108 cases in which he has obtained 30 per cent. of cure, and I fully agree with him in the statement that if we could only get the cases early—if women only understood that when they have a lump in the breast, if it is removed early, before glandular infection takes place—we can promise one-half of them a cure. Compare this with the 11.83 per cent. promised fourteen years ago, and we see what immense progress has been made.

It is sometimes objected that the operation is dangerous; and I confess I was greatly astonished in reading, so lately as June 16th,

of this year, in the *British Medical Journal*, Williams' paper on the mortality in these cases. He has collected 489 cases in the metropolitan hospitals of London, with 46 deaths, or 9.4 per cent. I confess that, from the experience, at least, of American surgeons, this seems astonishingly high. Williams attributes much of the danger to cleaning out the axilla; and even Treves, in my opinion, makes the gravest mistake in recommending that the armpit be let alone unless the glands are perceptibly enlarged. Most noxious advice!

Let us look at some of the facts. Dennis has reported 71 cases consecutively with but one death, and that from a bleeder; Weir has reported 125 consecutive cases without a death; Bull, 108 cases with three deaths, or a little over $2\frac{1}{2}$ per cent., and I have had 84 consecutive cases, of which I have notes, without a single death. Unfortunately, the exigencies of a busy life have prevented my keeping notes of most of my cases. I am quite sure, however, that in at least 200 cases I have had but one death, and that a case in which, with my present larger experience, I should not have operated. Moreover, in a very large proportion of the later cases, all of these surgeons open the axilla and remove all the fatty tissue and glands. For several years it has been my almost invariable rule. I cannot understand, therefore, when we take the results of four American surgeons, recording 388 cases with four deaths, a mortality of only one per cent.—I cannot understand, I say, how it is that English surgeons show a mortality of 9.4 per cent.†

How have we reached such admirable results? First, we get the cases much earlier than we used to, and, by the improved methods as to operation, the results as to cure have been raised from Gross' percentage of 12 up to 25, 30 or a possible 50 per cent. of cure. Women are coming to understand that instead of giving up all hope and regarding themselves as doomed, they can be cured. Next, the thoroughness of modern operations is an important factor. I mean by a thorough operation, this: In the first place, that the entire breast must be removed. I have seen cases, and not a few, where the family physician, and even some where

†Since this lecture was delivered, Halsted (*Annals of Surgery*, November, 1894) has reported 76 cases without a death, making the American statistics of five surgeons 464 cases with four deaths—a mortality of 0.86 per cent.

surgeons of repute, have recommended that the tumor alone should be removed. When I tell a woman that I must operate I do not enter into any of the surgical details. If she says, "Well, I suppose you will do nothing but take out the tumor," I reply, "On that point I must be the sole judge, because that is a technical point, and if you say to me, 'I am not willing to have the breast amputated, but only the tumor,' then I simply must say this, 'That you must find some other surgeon, for I will not be fettered in the slightest degree. You must give me liberty to cut into the tumor, and then, knowing its character, to use my best judgment as to what shall be done.'"

Then, either she finds some other surgeon, or I am free to do what is right.

An incision into the tumor is the first step of the operation. I remember very well indeed, in 1865, a dramatic scene at the clinic of Langenbeck. He removed a breast, made a section and opened an abscess. He looked at it a moment nonplussed, then, looking around the class, said, "I never did that but once before in my life." More than once I have had occasion to be extremely glad that I have made such an incision. If you find it is not a malignant growth, you can remove the tumor, and if you find it is malignant, what matter, when you are going to take away the whole breast? But not only must the whole breast be removed—all of the diseased skin must be excised. I am not an advocate of the "dinner-plate incision," however, of the late Samuel W. Gross. That is often, I think, a needless sacrifice of most useful skin. But I am persuaded that I have made a mistake often, and many of us make the mistake, of sacrificing too little of the skin and, thereby, sacrificing everything in the end by a return of the disease. Better lose a little more skin and save a life, than to be saving of the skin, forgetful that life may thereby be sacrificed. All the diseased skin, and a little more, must go. The excision must extend into an absolutely non-infected area. Remember how these malignant tumors increase in size. It is not by additions on the outside, layer by layer, nor yet by growth from the inside; but here, there, everywhere, on the periphery of the tumor, they grow by independent foci of disease, which are revealed only by the microscope. No unaided eye can see them; not even the most delicate touch can feel them. This being so,

you must make your incisions far away from the limits of perceptible disease, in skin where there are no such foci of infection.

One of the most important improvements in the same direction has been the removal of the whole of the pectoral fascia, and you need not be very particular about the pectoral muscle itself. If it be infected, the whole of the muscle should be sacrificed. I have taken away, in a few cases, the entire pectoral muscle, and really, as far as the usefulness of the arm was concerned, it made little difference. If it is infected it must go. Everything that is infected must go.‡

Heidenhain, some time since, examined microscopically a large number of breasts which had been amputated, as to the involvement of the pectoral fascia and muscle, in order to determine whether the surgeon had gone deeper than the disease or not, and prognosticated whether there would be a return or not according to his finding on this point; and he was correct in almost every case.

Another method of determining whether the surgeon has removed all the diseased deeper tissues, was recently introduced in this country by Mr. Chiene, of Edinburgh. It was devised by one of his assistants, and is known as Stiles' method. When you have made your elliptical incision for removal of the breast, make a little cross cut at one point. This will enable you to replace the breast on the chest in its original position by making the little nick on the breast and that on the chest correspond. The moment the breast is removed it is washed in water to cleanse it from blood. Then make several incisions into its pectoral or under surface and put it in a solution of nitric acid 1-20, for five to ten minutes; then wash it again in clean water and put it for a few moments into methylated spirit. All this can be done by an assistant while you are clearing out the axilla. When this is done, examine the breast. Where the nitric acid has acted on the cancerous tissue it has a grayish translucency, which is in sharp contrast to the rest of the breast. If, then, on the under or pecto-

‡ In Halsted's paper, already alluded to, he advises in all cases the removal of the greater, and often of the lesser, pectoral muscles, and the cleaning out of the supra-clavicular space if there is the slightest evidence of glandular infection. His method is by far the most radical thus far proposed, and I believe it is better than even that which I have described. Certainly, the statistics he gives seem to establish its merits.

ral surface you find any patches of gray translucent tissue, you have evidently left diseased tissue on the chest-wall. By the little nicks you can fit the breast into its original place, determine just where the diseased part has been left, and remove it.||

Having amputated the breast, what next? Open the axilla and clear it of everything except the vessels and nerves. I think I can say safely, that with probably one exception in ten, in armpits in which, in examining through the skin, I have found no enlarged glands whatever (and this is especially true of fat women), I have found at the operation that they were enlarged. Therefore, my rule, where the disease is malignant, is now invariably to open the armpit thus: Continue the incision out along the border of the great pectoral or the latissimus-dorsi. When the skin and fascia are cut through, I abandon the knife and use the forceps and Allis' blunt dissector to tear through the tissues. Your first landmark will be the axillary vein, which you will easily recognize by its dark blue color. This guides you at once to the artery and the bundle of nerves. It is not a dangerous procedure if you will only be careful. The Allis blunt dissector, of course, will not cut any vessels, and so does not obscure the tissues by staining them with blood. The few vessels that are torn and bleed are seized at once by hæmostatic forceps. The only danger is that of tearing the vein—a very serious accident, but one not liable to occur with reasonable care even when the glands are closely adherent to the walls of the vein.

The next structure to be avoided is the subscapular artery and vein running down the anterior border of the scapula, which you can always easily find. Along with them runs the second subscapular nerve, which we should always save unless it is involved in the diseased tissues. As it goes to the latissimus-dorsi and teres major, if you cut it it makes a serious inroad on the movements of the arm. Watch, therefore, for the artery and nerve.

Having now cleaned out the armpit, separate the pectoral muscles, and every now and then you will catch some enlarged

[If Halsted's method is used it would not be needful to use this means of determining whether there is any such deeper infiltration since the pectoral muscle is removed with the breast

glands there. Having lifted up the great pectoral muscle, look in and feel with your fingers; push the fingers between the pectoral muscles all the way up above the lesser pectoral to the clavicle, *i. e.*, to the space of Mohrenheim, where you will often find a diseased gland. When you have taken out the whole breast; when you have excised all the infiltrated skin; when you have removed the fascia and, if need be, the pectoral muscle; when you have cleaned out the axilla; when you have gone between the two pectoral muscles and have cleaned out the space of Mohrenheim, then you have done a complete modern operation; then you will be rewarded not by the 12 per cent. of cures of 1880, but by the 25 or 30 per cent., and in early cases by the even possible 50 per cent., of 1894.

Sometimes you will find it impossible to reclose the wound. So much skin has been taken away that it is not possible to approximate the edges. There are two methods remaining; one is to take a bit of skin from the arm or thigh and transplant it bodily to close in the raw space, or later upon the granulating surface (Thiersch's method). The other is a method which you have all adopted at various times, that is, by undermining the skin above or below and then sliding it so as to make it cover the opening. Shrady some time ago suggested a modification of this, that instead of simple undermining and sliding we should dissect both above and below the wound two flaps, each with a broad pedicle, and slide them up and down respectively. If need be, the skin above and below can then itself be undermined and the wound thus be closed. I used this method not very long ago on an exceedingly large sarcoma, and I observed one thing which led me a little to question whether the detail might not be changed to advantage, *viz.*, the two outer flaps united very nicely, but of the two inner a considerable portion became gangrenous, due to the difference of blood supply to the outer and inner flaps. The outer flaps have a favorable blood supply from the vessels of the axilla, but the pedicles of the inner flaps reach the middle line where the blood-vessels are small and do not afford an ample blood supply by inosculation.

After you are through, one question remains—that of drainage. You know that the trend of surgical sentiment is strongly in favor of doing without drains, and I believe in that. A drain is a door

for possible bacterial infection. I dislike drains, therefore, as a possible source of infection ; but I have tried without drains and almost always have come to grief, for this reason—adjust the dressing as you will, you cannot make such pressure as will keep the flaps absolutely in apposition to the chest-wall, and you will have “dead spaces” in which the wound fluids accumulate, thus furnishing the best possible nutrient medium for bacterial infection. Therefore, I almost invariably drain. I have seen a wound, when I was through, almost perfectly dry, and yet through the drainage-tube, even the same afternoon, an abundant dressing would be saturated. I do not trust apparently dry wounds, therefore, but drain. But I do not drain in a way that I have often seen, namely, by putting in a drainage-tube and leaving it there for four or six days. You read so many reports which say, “Prompt union at every point except where the drainage-tube was.” I put in a drainage-tube to carry off any fluids which may accumulate for the first twenty-four hours. After that there is very little. In some cases I keep it in for thirty-six hours, very rarely after that. When the drainage-tube is removed as early as twenty-four or thirty-six, or even forty-eight hours, the sides of the temporary sinus will collapse and it will be obliterated. After removing the drainage-tube I always put a little bit of gauze in the opening, for perhaps an inch, to keep the opening in the skin patent, and this little path of least resistance will give a sluice-way through which the slight oozing of the next twenty-four hours will readily escape.

As a rule, in cases of amputation of the breast, I say to the class: “This is Saturday. I will dress this case either tonight or tomorrow morning, depending upon whether the dressings are saturated to the margin of the rubber dam—I will dress it anyway at the end of twenty-four hours, and will remove the drain and replace it by a bit of gauze in the opening. Then I will not touch it for two days unless the temperature shows something wrong ; but on the third day after the operation I will re-dress and remove the gauze. On the fifth day I expect to dress it again and remove half the stitches ; and on next Saturday, the seventh day, I expect to take out all the stitches and show you the woman well, and in ten days I expect her to be able to go home.” Commonly,

such patients are out of bed by the fifth day, and often earlier. I always so dress the cases as to keep the parts perfectly quiet, that is to say, the right breast having been amputated and dressed I fix the right arm with a second binder, and if the woman is apt to be restless fix the entire arm with a bandage or binder for four or five days.

It is now a very rare thing for me to have any other result than cure in one week. I can look back, gentlemen, as some of you can, to the old days—the days during the war and thereabouts—with something of horror, when, after amputation of the breast, always by the third, or sometimes the second day, the woman was thirsty, temperature 103° to 105° . How often did erysipelas come on; nay, how often did blood-poisoning ensue, and how often was life destroyed. Even Billroth reported a mortality of 23 per cent. from septicæmia, pyæmia, erysipelas, etc. Now look at the contrast. You can amputate the breast and clean out the armpit and yet have your patient well in one week, with almost no fever and almost no pain, except in occasional cases.

I thank you for your courtesy and attention, and hope that some of the facts to which I have called your attention may be good seed, fall upon good ground, and bring forth an hundredfold of good to your patients and yourselves.

COCAINE—ITS USES AND ABUSES.*

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Our greatest blessings, abused, become our most demoralizing curses. Again, in our profession, our most powerful remedies, when used injudiciously, without due regard to cause and effect, may become most demoralizing and debasing agents.

Without cocaine, those practicing upon the eye, ear, nose and throat would be seriously handicapped. Indeed, it has been greatly due to the discovery of cocaine that the success which is attained today in this field is being accomplished.

Realizing that we are using a powerful and dangerous drug,

*Read before the Union Medical Association at New Lisbon, O., August 2, 1891.

notwithstanding that so prominent an authority as Wm. A. Hammond has said that he did not believe any dose that could be taken was dangerous, it is well for us to be always on our guard.

Some believe that the drug should have no place in surgery: certainly, the result of careless use. Has not the same been said of strychnine, arsenic and other poisons? Was it not at the last meeting of this society that a member—one of the best-known members—advocated the discarding of aconite? Most certainly, again the result of carelessness in overdosage.

The laity are rapidly becoming educated to the fact that we have a drug which, locally applied, will relieve pain, and often ask for and even demand it for trivial operations. By listening to this class of patients, the profession is doing both the patient and itself harm. We owe the discovery of the drug to a German, Dr. Koller, and yet I have seen him refuse it time and time again when in his opinion it was not necessary. The Germans, I believe, teach their children to bear pain, when unavoidable or necessary, with bravery, and it is to be regretted that more do not follow their lead here as they do in using the discovery of the renowned Koller.

Different writers and authors advise the use of so varying a strength to accomplish a given result, some advocating small per cent. and others large, that I, very soon after beginning the use of cocaine, saw that I would have to make experiments of my own and then be governed by my own conclusions.

I believed then, and do so still, that the cause of this wide variance in per cent. solutions used was from the different effects the given per cent. solution would have upon different subjects, and that many, if not most of the cases where toxic symptoms were and are observed, came from having on hand a fairly strong solution and using this indiscriminately.

Its use in the ear is necessarily limited to the external canal, tympanum, the contents of the tympanic cavity and the Eustachian system. In eye surgery it has become indispensable, but it is still a question if the influence exerted upon the circulation in these delicate structures may not, in certain cases, retard the union of the flaps in the major operations. That it does exert a marked influence upon the circulation, locally, no one will deny. The first few

hours following a corneal section determine how readily the flaps will unite, and the presence of a drug having such a marked influence must exert at least some slight detrimental effect.

As it immediately becomes a question of cocaine to such a cornea, or a general anæsthetic, the majority will decide the danger in straining, retching and vomiting from the general anæsthetic to outweigh the contra-indication to the use of cocaine. In the nose and throat we have a field where with cocaine we can perform almost all our operations with practically no danger, and almost without pain to the patient.

As in the case of all poisonous drugs, it becomes a matter of dosage and discrimination. When using strychnine, veratrum viride or aconite we do not give enough the first dose to produce the physiological effect, in what would be a case of average susceptibility. We begin with smaller doses and feel our way up to the result desired in each individual case.

If the same plan were pursued by those who cry out against cocaine, they would have less cause to complain. For instance, suppose we have a case of deflected and thickened septum to which we wish to apply the saw; will we tampon the nostrils with a 10 per cent. (or stronger) solution of cocaine with the purpose of immediately performing the operation? No. This might, in many cases, work all right, but it is by following just such directions that systemic toxic effects are produced. In the first place, the nose should be thoroughly cleansed every day for a few days before operating, and at this time mild solutions of cocaine should be applied and the effect noted. In three or four days we know the action of 2 per cent., 4 per cent. and 10 per cent. upon the individual case, and are then better prepared to apply the necessary anæsthetic. To illustrate: I have a patient, Miss A., who after a 5 per cent. application, either spray or tampon, has rapid pulse, hurried breathing, a wild, frightened expression, clammy hands, etc., and after a 2 per cent. application none of these are observed, but there is still sufficient anæsthetic effect for cautery work without discomfort. In another case, Miss W., with the same trouble, no anæsthetic effect is produced with less than a 10 per cent., at least not enough for cautery, and I have never, even after repeated and continued applications, seen any systemic effect whatever in this case.

We hear but little of systemic effect in applying cocaine to the eye. The parts here are more easily anæsthetized and the higher per cents. are not used.

Following the above described plan, I have had no occasion to use stronger than a 10 per cent. solution during the past two years, and my galvano-cautery, snares, saws, chisels, punches and curettes, together with chromic and glacial acetic acid, have been in constant use. Neither do I believe my patients have suffered any more than those on whom 20 and even 30 per cent. solutions were used.

It is very rarely that I use cocaine in a spray. The spray allows of a larger absorbing surface, requires the exposure of more drug to the membrane to produce the same extent of anæsthesia at a given spot, and with me has not been near so satisfactory as a cotton-wrapped probe.

More care is necessary in the hypodermic use of cocaine than in any other mode of applying it. The injection should never be stronger than 4 per cent., better results being accomplished when two or three minims are employed several minutes apart and at several points. This can readily be done by inserting the needle to the shank and then moving the point into different positions without entirely withdrawing the needle, but always partially withdrawing it as the fluid leaves the syringe.

Many still advocate the injection of a 4 per cent. solution into the tonsil preparatory to cautery work upon the gland. This is unsatisfactory, as the fluid is very liable to run out at the crypts, anæsthetizing the pharynx and even the larynx, without producing much effect where wanted.

A more satisfactory method is to insert a very small crystal into the crypt itself, if possible putting a small pledget of cotton behind it. This appears rather inconsistent from one advocating mild solutions; in this case the safeguard is the small amount of surface exposed. It has been argued that secondary hæmorrhage is more liable to occur in tonsil operations following the injection of cocaine. This has not been my experience.

The same strength solutions applied at different locations upon the same patient give widely different results. Stronger solutions can be applied to the larynx than to the pharynx or nares. [Death

has resulted from brushing the larynx with a two per cent. solution of cocaine.—EDS.]

We frequently read of dentists having ulceration following the injection of cocaine into the gums. It is possible but scarcely probable that the pressure from the presence of the fluid causes this. Distilled and sterilized water can be repeatedly injected into the same locality without bad results. A perfectly pure, sterilized and fresh solution, together with a perfect needle and sterilized syringe, is absolutely necessary. Excluding air from the needle, cocaine should cause no more local disturbance than the other drugs we employ hypodermatically.

Solutions for surface use will keep better if combined with a small per cent. of resorcin. This will sooner or later give bad results, though, because the moment we begin to employ preservatives means that we are keeping solutions made up longer than they should be. He who would get the best results must employ none but freshly prepared and sterilized solutions.

A convenient plan for keeping cocaine and making solutions is to have the cocaine crystals put up in capsules with the number of grains marked, or, as I do in my office, have several small bottles holding two drams, with the crystal in the bottle, well corked, and number grains and per cent. when filled with water plainly marked. Wanting a four per cent., we take a bottle marked 4.8 gr. C_{311} $\text{H}_2\text{O}=4$ per cent., and fill it with distilled and sterilized water, which is also kept on hand. This lasts but a short time, but is always fresh and reliable.

Dr. W. S. Watson, in a recent issue of the *Brief*, advises the combining of cocaine and a small per cent. of carbolic acid for spray to inflamed surfaces. I have always considered cocaine and the acids as incompatible; the mineral acids split cocaine into benzoic acid and an alkaloid—ecgonine.

One of the most peculiar incompatible combinations is cocaine and menthol, the two together causing, when applied to the mucous membrane, most violent reaction. Cocaine and bromide of sodium are said to be incompatible. I have never had occasion to combine them.

Schell (*Pharmaceutical Journal and Transactions*, London) calls attention to a delicate reaction between cocaine and calomel.

Breathing upon a mixture of both salts gives rise to a black discoloration of the condensed moisture, and it is affirmed that this takes place with no other alkaloid.

W. Spencer Watson (*Medical Press*, London), believes in the use of cocaine in acute tonsillitis, notwithstanding that most observers deny any good from its use in the trouble. I almost always prescribe cocaine with listerine, boracic acid and glycerine to be used in a spray, and with very gratifying results to the patient. The relief obtained is as much through its depleting influence as through the anæsthetic.

Panas and Magitol (in Vol. III. *Universal Medical Sciences* for 1892), in summing up where cocaine should and should not be used, give as a contra-indication "all cases suffering with pulmonary or wasting diseases." This is absurd. There is a stage in tubercular laryngitis where with cocaine applied locally we can raise our patient from suffering which would compare favorably with that of the region of the damned, to a condition of comparative comfort. He can eat without digging his finger-nails into his flesh and wishing he were dead; he can sleep; often can speak, and is always grateful and happy. No other drug will do this. If we give enough morphine to allay the pain, the patient is in a stupor. I shall never forget my experience with this class of patients while acting as laryngologist to a large sanitarium in the South, where tubercular patients alone were treated. Such patients (with tubercular laryngitis) almost invariably are hastened to their grave by their inability to take sufficient nourishment. Take a case with the epiglottis half or more ulcerated away, with the arytenoids, cords, false cords or aryo-epiglottic folds infiltrated, ulcerated and inflamed; eating is a terror to such a patient. After properly cocainizing his throat he eats with comparative comfort, and tears of joy run down his face, when before tears of agony, suffering and despair accompanied all efforts of deglutition. Such patients improved almost invariably from the first; they put on flesh, became stronger, slept, coughed less. The decrease in the constant coughing rested the larynx and allowed of repair, and the improvement of their general condition was followed by better results in the larynx than could be accomplished by any other means. I firmly believe that those cases

of tubercular laryngitis which improve today under topical applications of lactic acid, eucalyptol, menthol, various mints, escharotics and curettes owe as much to the simple fact that their larynx is frequently cocained as to the other application. Nature requires rest for repair, and unfortunately the only rest we can give a tubercular larynx is by cocaine.

We watched these patients carefully and in no case did we observe any detrimental effect. My record book for four years shows an average of twelve patients daily who had cocaine to the larynx, not with a spray, but rubbed in with a cotton-wrapped probe; and as I look back now I believe this one drug accomplished more good, allowed and assisted in the healing of more tubercular ulceration in the throat, gave more relief and had less detrimental influence than many other means and methods applied.

When we undertake to discuss the abuse of cocaine, we, as physicians, must admit that it is our injudicious use and promiscuous prescribing of the drug that has caused a large percentage of those addicted to the habit. It was Flieschiel, an Austrian, who declared, "With cocaine, in the treatment of alcohol and opium addictions, inebriate asylums would be a thing of the past"—a statement not only untrue, but one which, going the rounds of the press at home and abroad, brought wreck and ruin to more than the world will ever know; and most of them, alas, members of our own guild. With few exceptions, those addicted to cocainism have already been alcohol or opium fiends. The cocaine route has during the last year or two become the fad and fashion in the closing scene in these cases.

The greatest care should be used never to produce systemic effect in one addicted to either alcohol or opium, for once they feel such influence it's ten to one they soon acquire this craze also. "For swiftly pernicious, profoundly perturbing effect on functional well-being, it has no equal, and as an acute killer of moral sense it stands alone. Well has it been styled the devil's own drug, well has it been said, 'He (the devil) must gloat with special delight to see a poor wretch tampering with this drug.'"

In some portions of the far West, especially in the mining regions, the use of cocaine, or "cock," as it is there called, as a stimulant is becoming very common.

A case is reported by Broughton (*Medical and Surgical Reporter*, May 2, '92) in which unconsciousness, irregular and slow respiration and a slow, feeble pulse followed the application of 3 m. of a 20 per cent. solution to the cavity of a tooth.

Myrtyle (same journal) reports threatened syncope following the instillation of 3 m. of a 3 per cent. solution into either eye. Cotter (same journal) frequently had alarming symptoms following use of 10 per cent. solution in the nares. Hueber reports (*Universal Medical Science*, '92, copied from German journal) that he "dropped 1½ m. of a 2 per cent. solution into the nostril of a healthy young soldier previous to the removal of a polypus; this was soon followed by a weak pulse, cold skin and unconsciousness." The absurdity of dropping into the nostril 1½ m. of a 2 per cent. solution makes this appear as doubtful. This intolerance of even a fraction of a grain when applied to surface only hardly seems possible. I have found that the nervous symptoms arising from emotional causes previous to small operations simulate cocaine intoxication. Dombrowski, (*Medical Chronicle of Manchester*, June, '90) advises mixed narcosis, which is commenced by administering chloroform in the ordinary way but in trifling quantities, the patient remaining conscious from beginning to end. After a few whiffs a 4 per cent. solution of cocaine is injected, the usual dose amounting to 1½ grains. In protracted operations twice this quantity is injected. He claims, first, small quantity chloroform required; second, vomiting occurs but seldom; third, the pulse remains good. I should be afraid of this: If one did get alarming symptoms he would not know what to attribute them to. Dr. J. B. Mattison, of Brooklyn, in January, 1893, had an article in the *Medical Record* on cocaineism, in which he deals at length with the effect of the drug. He has had a large experience in treating "cocaine fiends" at his institution, and the report of 17 cases he appends, of which I am sorry to say 11 are of physicians, makes most striking reading. For example: "Zenner, physician, age 30; cause, overwork and took cocaine as tonic. Began with 5 to 8 drops of 4 per cent. solution hypodermatically, continued once daily for two months; tried to quit but failed. Once, feeling overtired, took larger dose, became exhilarated, drove six miles to near city, took a dose en route and then became reckless; neglected business,

drank to excess and had to be cared for by friends. Now took larger dose and oftener, 10 to 20 m. two to six times daily, keeping in constant excitement. In three months business gone, property lost and himself nearly ruined. Took, suicidally, 60 m. of a 10 per cent. solution. Later asserted abstinence for one month; then, while using cocaine in surgical case, chanced to feel depressed, took a hypodermic injection, and instantly unchained the tiger. For two months took 10 drops of a 10 per cent. solution every three hours. Would remain in office all night repeating injections. Soon came depression, forebodings and delusions of persecution; feared everything; dared not venture out after dark; imagined himself to be arrested for some crime. Delusions became so active he ran away. The demon still pursued him, driving him, frenzied, from place to place. Had hallucinations of sight and sound; saw ghosts, grinning devils and heard millions of voices. Forcible restraint, and after three weeks delirium in bed, was himself again. Had two later attacks ending in acute delirium and the mad-house. His addiction was less than two years, with four short abstinence intervals. Mental trouble always greatest at time of largest using. During the latter part of taking, took 20 drops of a saturated solution every two or three hours. Had frequent syncope and intermittent pulse 140 to 150 a minute. Heart action rapid throughout and was 90 to 110 for three months after quitting cocaine. Insomnia extreme, sometimes entire week without sleeping. Was anorexic, often vomited and became much emaciated. After the last attack, realizing his danger, he requested longer asylum detention, became an attendant and then remained." Very few of us but what know of some such case. All have seen the morphine fiends, and when coupled with cocaine the effect is still more terrible.

Time and space will not allow of reference to other cases, twenty-six of which are here appended, seventeen being cases reported by Mattison and the other nine being compiled from various sources—three from personal observation.

Let us be on our guard. Use cocaine; use it rationally, carefully, knowingly, and we have a grand, good and safe pain obtunder; but let us use even more care in guarding our patients against the habit than we would in administering morphine.

NOTE ON THE DIFFERENTIAL DIAGNOSIS OF ACUTE FACIAL ECZEMA AND FACIAL ERYSIPELAS.

BY EDWARD PREBLE, M. D., CLEVELAND, OHIO.

Dermatologist to the City and German Hospitals, Cleveland, Ohio.

In theory it is hard to see why these two affections should be confounded; but in practice they are often confounded, and that by good men (rather, perhaps, it ought to be said that eczema is often called erysipelas, for I am not aware that erysipelas is ever taken for eczema).

This confusion is much more than a verbal quibble. I am aware that many careless practitioners speak of any intensely red, diffuse eruption as erysipelas, applying the term indiscriminately to true and false erysipelas, eczema, erythema and even lupus, just as they call every ulcer of the face lupus and every scaly eruption psoriasis. With this confusion of terminology I am not just now concerned, for I base this article on actual confusion of the two diseases by practitioners who perfectly understand in theory the distinction between them. It will, therefore, prove instructive to determine why this blunder, so inimical to the interests of both patient and physician, is so likely to occur, and does occur not rarely.

Now, while chronic and subacute eczema are clinically familiar to all practitioners, the true acute eczema of the head and face, often becoming general, is extremely uncommon, and many family physicians have probably never seen an instance of it. It is not to be denied that this clinical entity bears a startling, albeit superficial, resemblance to the acute facial erysipelas with which every medical man is familiar. The same congestion and deformity are present, the face being greatly swollen and the eyelids closed. It is not to be marvelled at that the medical man, more or less familiar with erysipelas, and wholly unaware of the existence of this rare form of eczema, makes up his mind instantly as to the malignant character of the disease before him. Experience shows that he seldom looks into the case any further. He takes care not to approach the patient, and makes no systematic study of the general condition (pulse, temperature) or of the local

lesions. He is thus careful to protect himself, as he supposes, from carrying the infection to his surgical and confinement cases. He hurriedly orders the patient isolated as much as possible, places him upon a slop diet, with iron and quinine, orders the lead and opium lotion or some substitute, and gives a dubious prognosis. He is probably surprised to find that his patient does not get rapidly worse, and, in fact, grumbles greatly at his isolation and low diet, showing much anxiety to go about his business. The physician then admits that the case is doing surprisingly well apparently, but fears all the more the possibility of a metastasis to the brain, or some other viscus, and adjures his man to remain quiet at all hazards. A few more days pass, and then the patient and his friends are in open rebellion against the doctor. They say that at no time have the symptoms been alarming, except possibly the shut eyelids, which soon resume their natural appearance. They begin, not unnaturally, to suspect the doctor of magnifying the symptoms and protracting the time of recovery, or else of gross incompetency. Some other practitioner is called in, who readily recognizes eczema, by this time subacute, and allows the patient to dress and go to business. The result is that the patient has forever lost confidence in either the ability or honesty of the doctor, who with best intentions toward him may have even sacrificed profitable obstetrical engagements to the fear of propagating erysipelas.

It is enough to remind the family practitioner that there is a form of eczema which greatly resembles erysipelas at first sight, and that he should always be on his guard against confounding the two conditions. If he deems it prudent not to go near the patient, thereby foregoing a systematic examination, all he needs to do is to inquire closely about the general symptoms. Erysipelas to this extent is invariably attended by high temperature and great prostration, readily passing into delirium; while in acute eczema the amount of fever and asthenia is insignificant. The amount and character of the swelling vary much in the two conditions, and even at a distance or by inquiry the distinction should be evident. For while in eczema we have merely an œdematous condition of the subcutaneous tissues due to collateral fluxion, and present to an extreme degree only in the loose tissue of the upper eyelids, which

swell so readily from any irritation, in erysipelas we have more than œdema, we have actually cellulitis—so that not only do the eyelids swell, but the nose and lips are the seat of great deformity. The parts are not only swollen, but hard and brawny, and this active participation of the subcutaneous tissue differentiates erysipelas from eczema. Be not, therefore, deceived by the mere fact that the eyelids are swollen shut, but examine the contour of the lips and nose.

Another point of differentiation is the border of the eruption. In erysipelas it is abrupt and raised ; in eczema it shades into the sound skin.

We have thus far given symptoms perceptible even at a distance or obtainable by questioning. If, however, the physician thinks it his duty to examine the patient closely, the points of similarity become yet more divergent, and confusion of the two conditions could scarcely occur. I am in this article concerned only with the question of diagnosis without exposure of the medical man to the disease.

In conclusion, I would say that if the patient have no history of chill and no present high temperature and pulse, and prostration, if the deformity is limited merely to the eyelids, while the contour of the other features is normal, and if the border of the eruption is not abrupt and elevated, it is only a case of acute eczema or simple dermatitis, and the physician need not fear to approach and investigate more closely. Exceptions may occur ; thus erysipelas may be so superficial and circumscribed that the systemic reaction is very slight, while in very young children acute eczema may cause considerable systemic reaction. These truths I mention for the sake of being absolute ; obviously they do not bear upon the major issue of the subject-matter.

MEDICAL SOCIETY REPORTS.

CUYAHOGA COUNTY MEDICAL SOCIETY.

At the regular meeting held on September 6, 1894, Dr. J. H. Lowman presented an interesting paper on "General Causes of Tuberculosis," treating under that head those conditions which favor the lodgment and multiplication of the germ in the tissues of the body, and which, as essential conditions of the disease, are logically causes, as well as the bacillus itself.

Among those general causes especially mentioned were overcrowding in habitations, living and working in a dusty or contaminated atmosphere, sleeping with bedroom windows closed, and habitual insufficient expansion of the chest. Other conditions which may be considered as causes, because they favor directly the dissemination of the germs, are: Improper care of sputa, which should always be received in a vessel containing water, the habit of side-walk-spitting being especially reprehensible; living in previously infected rooms or houses which have never been properly disinfected; the use of infected milk, and insufficient inspection of cattle.

To avoid and do away with these causes, calls for the highest degree of municipal and personal activity and cleanliness. Prevention of the disease is the most vital question.

In the full and general discussion which followed this paper, the relation of syphilis to tuberculosis, whether antagonistic or a predisposing cause, the direct inheritance of the disease, the importance of attention to diet and hygienic conditions, systematic forced respiration, and care of the skin by daily cold baths, and the habit of nose breathing were considered; but all discussion tended towards unity in the idea that it is the essential necessity in prevention to bring the individual to the highest degree of body health and power to resist the influence of the bacillus, at the same time doing all possible to diminish the number of germs and prevent their dissemination.

Dr. W. T. Corlett, in a report on "Progress in Dermatology," outlined the present trend of thought and dominant ideas in practice in various countries. In France the influence of the nervous system in the pathology of skin diseases claims the greatest share of attention. German practice is dominated by the germ theory, involving the idea of the local nature of disease and local treatment. In America the importance of constitutional conditions on the pathology of the skin is receiving general recognition.

There were several elections to membership and applications for membership in the society.

FREDERICK K. SMITH, M. D.,
Secretary.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. X) commences with November, 1894; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

“A HARD NUT FOR TEETOTALERS TO CRACK.”

In a recent number we printed under Notes and Comments, as an item of news, a report of the commission of the British Medical Association upon the influence of alcohol on the duration of life. Although we made no comments upon the finding of the commission, we have been flooded with temperance literature. We are well aware that definite conclusions cannot be drawn from observations only numbering 4,234 cases of death; it is altogether probable that similar statistics in this country would make a better showing for total abstainers. It is quite possible that the reason teetotalers make such a poor showing as to longevity in the statistics quoted is because they are so frequently either invalids, sons of intemperate

parents or cranks, who are necessarily short-lived. It is to be regretted that the advocates of temperance do not practice the virtue they preach; and if they were not given to such gross exaggerations, vehement denunciations and persistent misrepresentation of facts, they would secure a much more patient hearing from thoughtful people and accomplish much more good for the cause they advocate.

Physicians appreciate the importance of temperance in all things. They have occasion to preach temperance every day; but he who sees danger and ruin in intemperance in drinking only, realizes but a small part of the duty a physician owes to his patient. Temperance in eating, in exercise, in the government of the temper, in sexual appetite, the use of narcotics, are all just as important as temperance in drinking; and those reformers who teach that if strong drink were banished from the world all evils to which society and the flesh are heir would go with it, are greatly mistaken. Those individuals who are so constituted that they cannot help using the cup intemperately only fall into some other form of dissipation if strong drink is taken from them.

We state these plain physiological facts, not to dishearten temperance reformers, but rather to induce them if possible to broaden their horizon and not limit their efforts to one side of the question.

The influence of the saloon on our political and social life is most deplorable, and any intelligent effort to counteract this most pernicious destroyer of domestic happiness and political integrity ought to receive the hearty co-operation of all good people. But this most-to-be-hoped-for consummation will never be accomplished by calling of names and repeating senseless lies.

The method of counteracting the bad influence of the saloon by the building of institutional churches, such as the recently dedicated Pilgrim church of this city, cannot but meet with the most hearty approval, and should receive the most liberal financial support from all charitably disposed people. The church that is only open one day in seven, and then only for two or three hours, cannot hope to compete with the saloon that is open twenty-four hours a day seven days in the week. When good people fight the saloon with coffee-houses, institutional churches, Y. M. C. A. gymnasiums

and other forms of entertainment that will prove as inexpensive and as attractive as the saloon, then, and only then, can we hope to see the cause of temperance prosper.

SCARLATINA AND THE PUBLIC SCHOOLS.

On the morning of the 12th inst., Drs. X. C. Scott and W. C. Weber called at the City Hall and conferred with Mayor Blee, Director of Schools Sargent and Health Officer Leick in favor of closing the public schools a week earlier than the usual date, in order the better to combat the prevailing epidemic of scarlet fever. It was decided to call a meeting of physicians, to be held at four o'clock in the afternoon in the rooms of the Board of Control in the City Hall, to discuss the advisability of such a step. Dr. Leick immediately sent invitations to the following medical men: Drs. Henry McQuiston, George W. Stevenson, J. D. James, W. T. Miller, M. Rosenwasser, H. W. Kitchen, F. B. Norton, H. H. Baxter, D. H. Beckwith, George B. Farnsworth, F. W. Walz, A. J. Cook, G. C. E. Weber, W. H. Buechner, S. W. Kelley, A. F. House, L. B. Tuckerman, A. Peskind, J. F. Hobson, B. W. Holliday, J. F. Isom, J. R. Smith, W. J. Scott, H. J. Herrick, C. B. Parker, G. C. Ashmun, J. H. Lowman, C. F. Dutton, H. F. Biggar, Z. T. Dellenbaugh, J. P. Sawyer, James A. Stephens, Charles Gentsch, and C. B. Humiston. At the meeting which was held Dr. Leick presided, and in addition to him Mayor Blee, Director Sargent, School Supervisor Moulton, Drs. Holliday, Dutton, Herrick, Tuckerman, W. J. Scott, X. C. Scott, Kitchen, McGee, Beckwith, W. C. Weber, Kelley, Farnsworth, Ashmun and J. D. Jones were present. A schedule showing the number of cases of scarlet fever reported daily during the past two weeks was submitted, showing that from November 26th to December 11th the whole number was 214, or an average of 15.27 per day. Health Officer Leick says that he does not doubt there is an equal number of cases in the city which were not reported. We venture, however, to estimate that counting also the additional cases in the same families which are not reported after the card is on the house, the cases in which no physician is employed, and the cases which are so indefinite that the proper diagnosis is not

made till some of the late symptoms or sequelæ supervene, the number reported might safely be multiplied by three or four. The discussion at the meeting was somewhat informal and unsystematic, but many interesting points were brought out. A few of those present thought that closing the schools would even favor the spread of the disease, the arguments being advanced that the children would play out-doors more in all kinds of weather, be guilty of greater irregularities of diet, would congregate more at play or in each others' homes. The gentlemen seemed to lose sight of the fact that no infectious disease so much as scarlatina disregards conditions of health or feebleness, the most robust as well as the weakly being attacked and apparently as likely to succumb. Although during vacation children will, as indeed they will during school term, congregate for play or pastime out of school hours and in evenings in their own neighborhoods, this cannot equal the danger of spreading contagion like the additional systematic, daily gathering together of hundreds of children from various neighborhoods into one building and upon one play-ground. Besides, it is well known that in this, as in other cities, in times past, epidemics have died out on the advent of vacation, or were successfully stamped out after the schools were dismissed. School Director Sargent gave figures showing that while between October 26 and December 7, 1893, the decrease in attendance at the public schools was 235, the decrease between the same dates in 1894 was 745. He added that a decrease in attendance just before Christmas was usual. Supervisor Moulton said that as the bad weather came on the little children began to stay at home, and in the busy time during the holidays the big boys and girls went into the stores of their parents and of other merchants in order to make a little money. However, it is an undeniable fact that statistics of non-attendance at school are very poor indications of the actual danger, because children often go to school from homes where scarlet fever prevails. If the sick child is below school age the school authorities know nothing of it.

It was argued on the one hand that it was unwise to agitate the question of danger of scarlet fever, as it tended to create a panicky feeling; and opposed to this was the view that children could not be frightened into scarlet fever, while it was to be hoped

parents might be alarmed into taking useful precautions against it. One thing in favor of closing the schools was that the attention of the public to the danger would be fully aroused thereby. It was shown, too, that if the schools were closed, one of the motives for concealing the presence of the disease would be removed.

Of the gentlemen present, some considered this epidemic to be of a mild form of scarlatina, while more reported that they had found it unusually severe, and troublesome in its complications and sequelæ. The strictest preventive measures on the part of the people, the physicians, the undertakers and the department of police were repeatedly advocated.

A resolution that it was not necessary in the present state of affairs to close the schools, was finally adopted by a vote of ten to five.

In our judgment, it would have been better to discriminate among the sixty and odd schools, and close the few of them where the epidemic has prevailed most violently.

It is probably true that the average prevalence of the disease over the whole city would not justify the closing of all the schools; but it is also true that Dunham school, Waring, and one or two others, have suffered most lamentably, and would be better closed for a period of a few weeks at least. The advantages of those few weeks of school cannot equal the suffering, the loss of health or of life, the anxiety and the anguish that must come into many homes through exposure to contagion, increased by attending school.

THE DIPHTHERIA SITUATION AND ITS MORAL.

While the intense interest manifested both by the medical profession and the laity in the antitoxine diphtheria treatment of Behring and Roux is natural and legitimate, it must not be forgotten that this successful work and its remarkable results in Berlin and Paris have only been possible because of many favorable local conditions. This treatment is not the hasty outcome of immature experiments by rash and over-enthusiastic investigators, but is the result of prolonged and exacting studies by masters in this line of research. The treatment is founded upon a rational study of the problems of disease and of immunity which has been gradually

assuming a definite practical form from the first dawn of pathological mycology, nearly twenty years ago. Even the practical application of the principles of experimental immunity in the form of the blood-serum therapy, is far from novel to one who has kept abreast of bacteriological literature during the past five years. Undeniably, this line of research upon the problems of immunity against the infectious diseases marks the most brilliant epoch of modern biological science, and the therapeutic application of the knowledge gained is but a natural consequence.

It is true, however, that the vast bulk of this kind of work has been done in Germany and France, and a little reflection upon the more favorable conditions existing in these countries will readily explain this fact. Such conditions do not exist in the United States, and while no earnest investigator should be discouraged from contributing his mite to the fund of knowledge on these subjects, it will necessarily be a long time before we shall see the extensive application of the principles of bacteriological therapy in this country.

It must not be overlooked that the great mass of our profession is absolutely untrained in bacteriological study—nay more, that we have in our midst a considerable number of unconverted skeptics on all questions of this character. Now, the first essential of success in the introduction of these new therapeutic principles is the hearty co-operation of the profession, and we can scarcely hope for enthusiastic support from medical men who do not clearly grasp the rudiments, at least, of the proposed methods. This means, of course, that the mass of the profession must be educated to a knowledge of the underlying facts. In the main, this education will only succeed with the younger and more progressive men.

The professional colleague to whom the bacteriologist must look for support is the physician trained in the methods of bacteriological research. This training will only be obtained by the exceptional few. As a consequence, our hopes must largely centre upon those younger men who are today obtaining, in our better medical schools, a liberal laboratory training in bacteriology and the allied branches. While we should, in every possible way, aid the progress of the few competently trained workers in our

midst, we must not lose sight of the enormous responsibility that is now laid upon medical educators in this country. Upon those who have in their hands the training of the coming generation of physicians rests this responsibility for the future of American medicine. Let the coming generation, with the opportunities we shall have made and the liberal education we shall have given, redeem for American medicine what the present generation has failed to accomplish in the revolution that is now shaking the very foundations of our science.

THE CLEVELAND MEDICAL LIBRARY ASSOCIATION.

Tuesday evening, November 27th, about thirty of Cleveland's representative physicians met at the Young Men's Christian Association building and effected the organization of the Cleveland Medical Library Association. The following officers were elected: President, Dr. J. E. Cook ; secretary, Dr. P. Max Foshay ; treasurer, Dr. O. F. Gordon ; librarian, Dr. C. A. Hamann. Trustees: Drs. D. P. Allen, H. K. Cushing, H. J. Lee, I. N. Himes, W. W. Holliday, H. E. Handerson, W. A. Knowlton, M. Rosenwasser, O. B. Campbell.

A constitution was adopted, providing for a council, consisting of all the officers as above, whose duty it shall be to transact all the business of the association. It further provides that the society shall consist of active and associate members. Any legally qualified physician may become an active member upon the payment of \$10.00 initiation fee and \$5.00 annual dues. Anyone may be an associate member upon the payment of \$3.00 annual dues, having all the privileges of the library, but cannot vote or hold office.

About five thousand dollars have been subscribed, which together with the funds now in possession of the various medical societies will make altogether eight thousand dollars. It is the intention to use this as an endowment fund, the proceeds of which will be used in purchasing medical books and periodicals, to be cared for by the Case Library upon the same terms as the Cuyahoga County periodicals and books are now received.

It is to be regretted that the original intention of uniting the three medical societies of the city in one organization, failed of realization, thus necessitating the forming of a new society.

PERISCOPE.

BY GEO. W. CRILE, M. D.

TREATMENT OF DIPHTHERIA BY ANTITOXINE.

(Katz, Munich Med. Wochenschr.)

The author reported one hundred and twenty-eight cases treated by injection of antitoxine. In the beginning of the series, doses of three to five centimeters were given; but soon this dose was found to be insufficient. It was necessary to inject at the onset 20 c. c. of the serum. In some the usual treatment was also administered. The mortality was 13.2 per cent. against 37 per cent. in similar cases under classical treatment the preceding year. The cases treated by antitoxine were divided into four groups:

1. The lighter cases, numbering forty-seven, with the membrane in the fauces, not extending beyond the tonsils. All the cases in this group were cured.

2. Membrane extended over the fauces, with loss of appetite, prostration and adenopathia. In this group of thirty-five there was one death.

3. The grave cases, numbering forty-two, in which the symptoms of the preceding group were more pronounced, and complicated by nasal diphtheria, fetid breath, and tumefaction of the invaded tissue. Of these, thirty-one recovered and eleven died.

4. Septic cases, with offensive discharges from the mouth and the nose, multiple hemorrhages, lividity of the face. The four cases in this group died.

The injections in these cases caused no alteration on the kidneys, the heart, or other organs. The nephritis in these cases treated by injections showed no changes different from those in cases treated by other methods. Many times disappearance of nephritis was observed after the first injections. In six cases the injection was followed by an exanthema, sometimes appearing around the injection, sometimes invading other parts of the body. The exanthema simulated scarlet fever or measles, but did not provoke itching. It disappeared rapidly. In four cases the injections caused urticaria, which lasted two days. The injections did not exercise a manifest influence upon the faucial membrane, which sometimes disappeared rapidly and sometimes persisted a long time. There was no other manifest action upon the general condition. The temperature usually fell quickly and markedly; but in two cases it was markedly elevated, soon returning to normal. The influence on the pulse and the heart was not striking. Among the

complications during convalescence were: Once paralysis of accommodation; twice irregular heart-beat; four times aphasia; once paralysis of abductors of the eyes; once paresis of the respiratory muscles; four times abolition of the knee-jerk. All these disappeared. Those that died succumbed to the same cause as those in which serum was not injected.

NEW BOOKS.

For sale by The Book Shop, Garfield Building, Bond Street, Cleveland, Ohio.

THE PHYSICIAN'S VISITING LIST FOR 1895. Philadelphia: P. Blakiston, Son & Co.

Blakiston's Physician's Visiting List for 1895 still maintains the reputation it has held for many years. It is difficult to conceive of one particular wherein it could be improved.

ESSENTIALS OF DISEASES OF THE SKIN. By Henry W. Stelwagon, M. D., Clinical Lecturer on Dermatology in the Jefferson Medical College, Philadelphia; Physician to the Skin Service of the Northern Dispensary; Dermatologist to Philadelphia Hospital; Physician to Skin Department of the Howard Hospital; Clinical Professor of Dermatology in the Woman's Medical College, Philadelphia, etc. etc. Third edition, revised and enlarged. Philadelphia: W. B. Saunders, 1894.

The author's well-known reputation as a practical writer on skin diseases makes it necessary to simply mention the fact that a second revised edition of his compend has been issued by the publisher.

A MANUAL OF THE PRACTICE OF MEDICINE. By A. A. Stevens, A.M., M.D., Instructor of Physical Diagnosis in the University of Pennsylvania, and Demonstrator of Pathology in the Woman's Medical College of Philadelphia. Third revised edition. Philadelphia: W. B. Saunders 1894.

This useful guide to the study of the practice of medicine appears as a third edition within the short space of two years after the publication of the first. Although designed especially for students preparing for their examination, it is also a reliable help to the busy doctor in his daily practice, giving as it does in a few words a large amount of necessary information.

A MANUAL OF HUMAN PHYSIOLOGY. Prepared with Special Reference to Students of Medicine. By Joseph H. Raymond, A. M., M. D., Professor of Physiology and Hygiene in the Long Island College Hospital, and Director of Physiology in the Hoagland Laboratory. With 102 illustrations in text and four full-page colored plates. Philadelphia: W. B. Saunders, 1894. Price, \$1.25, net.

Twenty years' experience as a teacher of physiology to medical students certainly should qualify one to write a manual on the subject. This experience the author in his preface tells us he has had. The work is written in a pleasing style, and will afford instructive reading to physicians during leisure moments. To students we heartily recommend it. There are many excellent illustrations, including several full-page colored plates.

A MANUAL OF MODERN SURGERY, GENERAL AND OPERATIVE. By John Chalmers Da Costa, M. D., Demonstrator of Surgery, Jefferson Medical College, Philadelphia, etc. Philadelphia: W. B. Saunders, 1894. Saunderson's New Aid Series. Price, \$2.50, net.

Though this manual contains but eight hundred pages, both general and operative surgery are treated, and so clearly and perspicuously as to elucidate every important topic. We have examined the book most thoroughly, and have no hesitation in pronouncing it the best of the smaller works on the subject thus far published. The opening chapter is devoted to Bacteriology because the author profoundly believes that without some knowledge of the vital principles of this branch of science the vast importance of its truths will be ill-appreciated, and there will be inevitable failure in the application of aseptic and antiseptic methods. We are pleased to see the large amount of space which has been given to the consideration of Fractures and Dislocations. The enormous practical importance of these subjects has been too briefly discussed by many authors of late. Taking all in all, this manual can justly be said to fill a long-felt want of students and general practitioners for a medium-sized book which would give them briefly, but to the point, the best accepted views of modern surgical principles and practice. The volume has a large number of fine illustrations and is well indexed.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, M. D., Queen's University; Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Urology and Urinary Diagnosis at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes: Its Causes, Symptoms and Treatment." With numerous illustrations, including photo-engravings and colored plates. In one crown octavo volume, 360 pages, in extra cloth, \$2.50 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

There has been published no treatise pertaining to the diagnosis of urinary and renal diseases since Sir Wm. Roberts' classical work that can in any way compare with the book before us. Not only has the author given practical methods for detecting, isolating and determining the constituents of urine, normal and abnormal, but he has also made clear the necessary procedure for detecting the presence of disturbed physiological processes, and for discovering the presence of pathological changes.

The concluding chapter, devoted to the examination of urine for life insurance, is alone well worth the price of the book to all who are engaged in this kind of work, as is the case with so many practitioners nowadays.

The numerous wood-cuts, photo-engravings and colored plates leave nothing to be desired in the way of elucidating the text. This indispensable volume should find a place in every medical library.

TEXT-BOOK OF HYGIENE: A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By George H. Rohe, M. D., Professor of Therapeutics, Hygiene, and Mental Diseases in the College of Physicians and Surgeons, Baltimore; Superintendent of the Maryland Hospital for the Insane; Member of the American Public Health Association; Foreign Associate of the Societe Francaise d'Hygiene, etc. Third edition, thoroughly revised and largely rewritten, with many illustrations and valuable tables. Royal octavo, 553 pages. Cloth, \$3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

This admirable text-book on the important subject of preventive medicine has deservedly met with the approval of both medical and lay readers since the appearance of the first edition. All important advances in sanitary science and practice have been incor-

porated in this revised work. We note that Surgeon-General Wyman and Dr. Geddings of the U. S. Marine Hospital service have, at the request of the author, entirely rewritten the chapter on Quarantine, which will be found to fully represent the modern principles and practice of maritime sanitation. The chapter on Marine Hygiene has been revised by Medical Director Gihon of the U. S. Navy.

The analytical set of questions appended to each chapter will greatly increase the usefulness of this book for teachers, students and sanitary officers. Important questions concerning the purity and impurity of air, water and food are fully considered in this treatise, so indispensable to those desirous of knowing the best means of preventing disease.

The publishers have performed their part in a creditable manner.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES.—A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Chas. E. Sajous, M. D., and seventy associate editors, assisted by over two hundred corresponding editors, collaborators and correspondents. Illustrated with chromo-lithographs, engravings and maps. Published by the F. A. Davis Co., Philadelphia, New York, Chicago; F. J. Rebman, London, 1894.

We always look forward with pleasure to the appearance of Sajous' Annual, which is the most welcome visitor to our book table. The present volumes are even better, if possible, than the preceding ones. The work in the various departments is more even, the arrangement of subjects more scientific, and the indexing, which in the earlier volumes was unsatisfactory, is now almost ideally perfect.

We scarcely know how anyone writing upon medical subjects can get along without the Annual. The review of current literature is sufficient for most purposes, and when it is necessary to refer to original papers it tells where to find them.

For the busy practitioner who has not time to read long-winded articles, the Annual presents a brief review of current medical literature up to date, such as cannot be found elsewhere.

The specialist always finds the volume pertaining to his specialty of inestimable value, and if a man of one idea only might wish to dispense with the other volumes; but we have no doubt even he will have occasion to refer to the other departments many times during the year.

ASEPTIC SURGICAL TECHNIQUE: With Especial Reference to Gynecological Operations, together with Notes on the Technique Employed in Certain Supplementary Procedures. By Hunter Robb, M. D., Associate in Gynecology Johns Hopkins University; Professor of Gynecology Western Reserve University, Cleveland, Ohio. Illustrated. Published by J. B. Lippincott & Co., Philadelphia. 1894.

It is so seldom that we have an opportunity to notice a medical book by a Cleveland author, that we acknowledge the receipt of Dr. Robb's book on "Aseptic Surgical Technique" with great pleasure. There is no one who can speak on this subject better than he, as indicated by the graceful introduction by his old associate, Dr. Howard A. Kelly, of Johns Hopkins University.

The first chapter is devoted to a consideration of the importance to the surgeon of a bacteriological training, of sepsis, asepsis, antiseptis, and the micro-organisms concerned. The many inconsistencies in aseptic surgical technique, as often practiced, are forcibly presented.

In the succeeding chapters the principles of sterilization and their practical application are considered, together with the preparation of the surgeon's assistants, the patients and the instruments; also with many useful hints as to the care and preparation of ligatures, dressings, drainage-tubes, irrigating fluids, etc.

In Chapter XI. a gynecological private operating room, with its furnishings, is described; and in Chapter XII. an aseptic abdominal operation is described in detail.

In the succeeding chapters the post-operation care is considered; also operations in the country and in private houses, anæsthesia and methods of examination, and the book closes with Chapter XVIII. on pathological examinations.

This necessarily incomplete outline of the contents of this valuable book will serve to give the reader some idea of its character, the whole being profusely illustrated with twenty-five full-page plates and forty-five wood-cuts.

NOTES AND COMMENTS.

Dr. G. G. Shoemaker died of tuberculosis some time since, at his home in Edenburg, Clarion Co., Pa.

Dr. R. E. Skeels has returned from Baltimore, where he has been taking post-graduate work in Johns Hopkins, with Dr. Kelly.

Dr. H. W. Rogers has been elected professor of principles and practice of medicine and clinical medicine in the Medical Department of the University of Wooster. Dr. J. B. McGee is filling the chair of therapeutics made vacant by Dr. Rogers' transfer.

Medical Students in the United States.—England has but 552 medical students. There are 8,000 in the German universities, but the United States has 13,000.

Johns Hopkins Medical School.—The second year of the Undergraduate Department in medicine opened on October 1st. There were thirty-one entries, making in the two years fifty students in all. Of these, thirteen are graduates of Johns Hopkins University, eight of Yale, five of Harvard, and the others of the smaller colleges.—*Medical Record*.

The Indiana Medical College, at Indianapolis, was burned to the ground on November 3rd. The Dr. John Bobb's Library, the pathological museum representing the collections of thirty years, the microscopical and chemical laboratories, the departments of pathology and bacteriology were all destroyed.

Motormen and Conductors.—In St. Louis, men seeking employment on the rapid-transit streetcars are obliged to submit to an examination of their eyes by a competent ophthalmologist. This is done by the street railway companies for their own protection, and is a plan that should be pursued by every street railway company.—*Medical Record*.

A Kindly Anatomist.—Professor Josef Hyrtl, one of the famous anatomists of the world, died not long ago at his country-seat near Vienna. His text-books have been translated into every modern tongue. He was celebrated, also, for his general learning. As a linguist he was especially remarkable. With all the rest, he was extremely popular as a teacher. He hated a lazy student, but had great sympathy for all who tried to do well. His presence was especially desired at class examinations, as the young men trusted implicitly to his fairness and his kindness of spirit.

On one occasion another professor, while examining a candidate for the medical degree, handed him a small bone and said:

"Mr. Candidate, here is a bone. Don't look at it, but tell me from feeling of it what kind of a bone it is, whether it belonged to the left or right side of the body, and whether it was part of a man or a woman."

The poor fellow was greatly embarrassed. He was about to fail, he felt sure. He cast one look at Professor Hyrtl, who stirred nervously in his chair, and then sprang to his feet.

"Mr. Candidate," said he, "when you have answered the questions of my dear colleague, you will please tell me the name of the original possessor of the bone and where he lived, including the number of the street."

The audience laughed, the other professor was no doubt angry, but the young man was saved.

Hyrtl was very fond of animals. Some years ago one of his fellow-professors undertook some experiments to ascertain the loss of weight in cases of starvation, using for the purpose a lot of rabbits. The subjects of the experiment were weighed every day, but to the experimenter's astonishment they gained flesh instead of losing it. It was some time before he found out that Professor Hyrtl had been keeping them well supplied with food.

First and last, the professor was decorated with orders by almost every sovereign in Europe, but he could never be persuaded to wear one, and, in fact, dressed so shabbily, in spite of his large fortune, that strangers often gave him small pieces of money. Such things always pleased him. He loved to see evidence of kindness of heart. His own benefactions were great, and after the death of his widow his wealth is to endow an asylum for orphans.—*The Youth's Companion*.

Abolish the Words "Nyctalopia" and "Hemeralopia."

—For several hundred years the word nyctalopia has been used to designate the symptom of "night-sight," a condition in which the vision is better by night or in semi-darkness than by daylight. During the same time the term hemeralopia has also been used to designate the opposite condition of night-blindness—a symptom particularly of retinitis pigmentosa, in which vision is worse at night or in poor illumination than in daylight or good illumination. There are but two or three inconsiderable instances out of the hundreds in which modern ophthalmologists and lexicographers have used these terms wherein the definitions have been the reverse of those given. The words have thus acquired a desirable and necessary certainty of meaning that is at present universal.

But there are two classes of critics or criticasters in the world, the one composed of men who wish to air philologic knowledge or who are ludicrous sticklers for an impossible idealism of philologic accuracy; the other class composed of those who simply wish to find fault. Both are finical, fine and flimsy in their arguments, and they unite to say that the foregoing words as now universally defined

and understood are not used in the sense that they were used by the ancient Greek and medieval Latin medical writers, and that the true etymology of the words demands that they should be used with exactly the opposite sense to that now and for several hundred years ascribed to them.

Indeed! And are we now using words for the benefit of the ancient Greeks and Latins, or are we using them for the people of today? Did students of philology never hear of words changing their meaning? The word *idiot*, for example (and in the example we expressly abjure and deny any personal application), meant in Greek a private gentleman in contradistinction to a politician or one in public life; it has slightly changed its meaning since that lightful day. In Germany today, *selig* means *blessed*, but in English the word *silly* has quite another significance.

Indeed! And what man of sense cares two beans about the etymology of most medical words? The modern word-minter first gets his fact, his idea, and then he thumbs his dusty Liddell and Scott for some dried roots out of which to make a term that shall express his idea. There has been no historic or evolutionary growth, no living nexus between the dead language or the dead Grecians and the new word. The lack of such an historic nexus is shown also by the fact that the meanings of the two words *could* have become reversed. Two to one, in fact, the new word philologically merits only the derision of erudite men, and it would have been just as well if the "bow-wow" theory had been followed in making it as the pseudo-scholastic jumble.

A scientific word has value only upon the absolute condition that its meaning shall be exact and unexceptional. A word that may mean one thing or that may mean its exact reverse; that requires a definition to follow it whenever it is used; that may mean one thing to *οἱ πολλοί* and the reverse to scholars—such a word must simply be forever buried. Dr. Greenhill and Mr. Tweedy, of England, are responsible for an attempt to reverse the definitions of the two words in question and to make them conform to the usage of the ancients. In so far as the attempt is successful it can only serve to bring a contemptible confusion into all text-books and dictionaries, and to utterly kill the words. For what man of scientific mind will henceforth dare to use such nonsensical terms?

It did not matter a pin which one was called Tweedledum and which Tweedledee, so that each always had the same name. Mr. Tweedy thinks differently, and he has frightened both of them and us also to death in trying to get an answer and to revive lapsed habits. The twins were not very healthy babies at best, but these over-active and injudicious attempts at artificial respiration have certainly killed them forever.—*Medical News*.

London Ambulance System for Street Accidents.—There are sixty street ambulance stations for the metropolitan area

of London. At each of these, wheeled stretchers with first-aid appliances are maintained. These stations are administered by the Street Ambulance Branch of the Hospitals' Association, inaugurated in the latter part of the year 1889. The number of stations were fifty in 1891; ten others were added in 1892. Their object primarily is to provide prompt service for street accident cases, of which there are about six thousand per annum. Of these cases, about four thousand five hundred are suitable for removal to hospital, but they do not all require removal by ambulance. Prior to 1880, nearly all removals of these cases were made by cabs. Since that time about one-third of the street cases have been transported by this ambulance system, the cabs being still used for the remainder. The total removals by ambulances in 1892 were one thousand two hundred and sixty-seven. The report for the year 1893 has not yet been published. As the stations become better known, the use of cabs has been superseded, so that the time is not far distant, it is believed, when the conveyance of the wounded will be as adequately provided for as is their treatment at the hospitals and infirmaries of that great city. The funds for the establishment of this system, and for its present annual maintenance, have been given by Mr. H. L. Bischoffsheim, the treasurer of the branch. The first cost of the stations was about \$5,000, while the running expenses are about \$1,000 per annum. The chairman of the association is Sir Sidney H. Waterlow, office at 428 Strand, London, W. C. Officers of American Ambulance Associations are requested to send copies of their annual reports to their London colleagues.—*The Jour. of Am. Med. Ass'n.*

Apex Catarrh.—Dr. Howard S. Straight, chief of the throat, nose and ear department of the John Huntington Dispensary, reports that from September 1, 1893, to November 1, 1894, the total number of cases treated was 621, and in 208 cases, a little over one-third of the total number, apex catarrh was noticed.

Ophthalmologic Tricks.—Even the oculists are mortal and peccable! We do not know how many times it has come to us very directly that patients with cataract, well advanced, incipient, or even only imagined, have been "treated" for it systematically and locally, in expectation of its absorption, the treatment extending over months, or even years, with constant payment of fees. This is the homœopathic trick *par excellence*. We have never except once heard of an "allopath" doing it. It is psychologically interesting to see that the mind has sectarian "lines of cleavage" in its scoundrelisms as well as in its therapeutics. In ophthalmic tricks the "allopath" can certainly rival his erring homœopathic brother. His is the far more common attempt to cure a case of reflex conjunctivitis or blepharitis, due to eye-strain, by the local application of astringents, etc., or by aqua destillata (and the appli-

cations always must be made by the physician), continued until the patient's purse or patience are one or both exhausted. Another "money-maker" is humoring the popular mistake in nomenclature which supposes the "scales" along the lid-edges in certain forms of blepharitis to be "granular lids," and the long-continued treatment of trachoma is instituted when there is not the slightest sign of the disease present.

But the wildest and perhaps the most common, as it is the most profitable, stroke is that of treating *musca volitantes*. Many patients are frightened by the "dark spot before their eyes," get to watching it, and think it is the beginning of blindness or of some dire disease of the eyes. If they fall into the hands of a fellow whose motto is "*Medicine is Business*," he will humor their error, and, systematically or locally, pretend to treat this little symptom until some honest man will brush the morbid fear away with a laugh. We are glad to believe the ophthalmic tricksters are few and the honest men are many, but we are sorry to be compelled to confess that the few sneaks do exist. And they are much better known than they themselves suppose. Hospital positions, long tails to names, even professorships, do not hide the facts or lessen the disgrace. Patients will travel and will talk—sometimes maliciously, sometimes errorfully, but sometimes also truthfully.—*Med. News*.

A New Way to Advertise.—The following candid announcement appears in *The Texas Health Journal*:

"*To the Medical Profession of Texas*:—I have devoted many years to the exclusive treatment of diseases of the eye, ear, nose, and throat. That I might feel doubly assured of my ability to treat these diseases with the best possible skill known to the profession, I spent the last winter, spring and summer in New York and Europe, where I received the special clinical instructions under the most distinguished specialists in the world. My many months of clinical work at the greatest hospitals and clinics in the world, together with the new instruments and apparatus I purchased in Europe, regardless of price, cost me nearly two thousand dollars. I now respectfully ask that the general practitioners of Texas who have not the time and instruments to successfully treat such cases, kindly consider my recent advantages and complete armamentarium, and intrust to me the responsibility of treating such cases. If this courtesy is extended to me, I will be true to the trust confided. Besides, I will make it especially advantageous to every physician who kindly refers cases to me for treatment; try and see if I do not; a hint to the wise is sufficient. Furthermore, I will take pleasure in treating any member of a physician's family, absolutely free. I will also treat any charity case free referred to me by a physician. My present large paying practice enables me to do this without loss to myself; besides, the pleasure of curing those unable to pay is sufficient remuneration to me. I have opened an elegant new office

in the North Texas Bank building, rooms 316, 317 and 318. Call and see me while in the city.

"Fraternally submitted."

A letter of this kind is, in our opinion, a legitimate result of the approval given by the American Medical Association to the plan of sending out cards with the words "practice limited to" eye diseases, gynecology, etc. Instead of distributing cards to the profession, the specialist puts it in a medical journal, and naturally adds to it a modest account of his unusual experience and skill. The next step would be for the general practitioner to put in an announcement of his special skill in the common run of diseases, and request the specialists and incidentally the public to send him their patients. Very soon, as the examples of these announcements increase, their language must become stronger. For example, there are in Texas a good many physicians who have had a larger experience in eye diseases even than the writer of the above-quoted letter. If his conduct is approved, what will be left to them but to imitate him, or, rather, surpass him, in an attractive presentation of their accomplishments. The results must be disastrous to professional dignity, personal veracity, and mutual confidence.

Medical men cannot afford to enter the field of the advertising agent. The old way is often criticised, and it is not perfect. The man must become known through his works. The profession is not so dull but that it can recognize merit, and it estimates a man's abilities fairly well by his writings and by contact with him in scientific and social meetings. The recognition thus gained comes slowly, but special skill also is acquired slowly, and matters adjust themselves with a good degree of equity in the end.

We hope that the profession of Texas will not endorse the methods adopted by the enterprising young oculist of their state.
—*The Medical Record*.

St. Louis as a Medical Centre.—St. Louis is just now the centre of a very considerable depression of spirits and harrowing self-analyses. The trouble began when Professor Chaplin, Chancellor of Washington University, said publicly some unkind words about the disproportion between the quantity and the quality of the St. Louis medical colleges. Then an esteemed practitioner of St. Louis, Dr. Thomas O'Reilly, a little later is said to have addressed to the health commissioner an eloquent protest against the reckless surgery and the excessive coeliotomic zeal of the much-professed city. The editor of *The Medical Mirror* has been devoting his most alluring alliterations and his elegant and eulogic eloquence to the purpose of refuting all charges and restoring the self-esteem of his justly celebrated townsmen.

"St. Louis," he says, "has been charged with possessing eleven medical colleges, but there are really only six regular schools. And why are there so many as that? Simply because the two oldest

medical colleges (both being over fifty years old) were not possessed of a generous spirit in the direction of encouraging and utilizing the ambition of the younger brood of medical men imbued with a taste for teaching. In other words, in proportion to population St. Louis has no more medical teachers than any other city." That is to say, we presume, if one counts only six of the eleven schools.

As to the second charge, a writer in the *Times and Register* says:

"Missouri has sown the wind, and now she is reaping the whirlwind. She is the hot-bed of medical anarchy. Her once honored, influential State Medical Society, we are informed, has gone to pieces. She has only fifteen medical colleges, and at the annual meeting this year but seventeen members answered to the roll-call. A practitioner in that country, it seems, must be a professor or nothing, and surgery has run mad there."

We do not know on what ground Missouri in general, or St. Louis in particular, should be characterized as a "hot-bed of medical anarchy." And we are quite in agreement with the *Medical Mirror* in denying that the charge of "surgery run mad" has any special truth as applied to that locality. There has been some reckless surgery no doubt ever since surgery began, and especially since anesthesia was introduced. There always will be foolhardy people in every class of society, but probably fewer among surgeons proportionately. There has been a wave of zeal for laparotomy which has swept over nearly all parts of the country. It certainly rose very high in New York at one time, as we have often remarked. We doubt if the high-water mark has ever reached an equal point in St. Louis.

We trust that the remonstrances of the *Mirror* will clear the atmosphere and perhaps be successful in condensing the colleges, improving their status, and making of St. Louis what it ought to be, a great medical centre.—*Medical Record*.

A Diphtheria Immune Horse for Cleveland and Vicinity.—With the co-operation of his colleagues at the Medical Department of the University of Wooster, Dr. A. P. Ohlmacher, professor of pathology and bacteriology, has commenced the diphtheria immunizing process in a horse provided for that purpose. He hopes to soon be able to announce that the blood-serum of this animal will be available for therapeutic purposes.

The Emperor of Austria has granted the widow of the late Professor Billroth a yearly pension of two thousand florins. This is to be interpreted as a mark of special favor, because according to the law of Austria, the pension allowed to the widows of professors is only six hundred florins. As the distinguished surgeon is understood to have left little or no private fortune, the Emperor's gracious act has given general satisfaction.—*N. Y. Medical Times*.

The Index Medicus.—We have learned that *The Index Medicus* will cease to be published with the February number, owing to lack of support and the fact that a large number of its subscribers are delinquent, unless an effort is made to continue it.

It is particularly necessary that *The Index Medicus* should be continued, owing to the fact that after the completion of the supplementary volume of "The Index Catalogue" of the Surgeon General's Library there will be no record of contemporary medical literature, and he who desires to keep pace with it, or who wishes to study a particular subject, will have to resort to the laborious task of seeking in various journals that which he desires if the publication of *The Index Medicus* ceases.

It will be impossible to continue *The Index Medicus* if five hundred new subscribers are not obtained. The subscription price is \$10.00 per annum, which should be sent to Mr. George S. Davis, publisher of *The Index Medicus*, Box 470, Detroit, Michigan.

A Model Surgical Clinic.—Scene, a spacious room. At a large table in the centre is seated the surgeon; his secretary is opposite, an enormous folio register open before him. A group of students is clustered about the table. Benches filled with waiting patients occupy the sides of the room. The secretary calls No. 120,736. A man aided by crutch and cane limps forward. The surgeon's examination into the biography and genealogy of the patient (four folio pages carefully written out by the secretary) being ended, the attendant removes the multiple wrappings of the right foot, exposing an inflamed great toe with ulceration upon one side of the nail. The surgeon gives it a hasty glance, and turning, addresses the students as follows: "Gentlemen, a few years ago a case of this kind—evidently an ingrowing nail—would have been at once submitted to local treatment, and, I admit, with fair prospects of obtaining a good result. But now that we have learned the general interdependence of the different organs of the body, we feel that a thoroughly scientific treatment demands the examination by specialists of these different organs, in order to detect any conditions likely to be etiological factors in the case. The attendant will therefore take him and a copy of his history to the different rooms in succession, and return here with their respective official reports."

(SOME HOURS LATER.)

Surgeon (loquitur).—"Gentlemen, the patient has now returned to us, and I ask your attention while I read the reports of the various specialists."

Ophthalmological Department.—Case No. 120,736. This patient is myopic. As I recall a case where a similar visual defect was the cause of injury to the great toe in the person who "stubbed" it against the curbstone, I have ordered appropriate lenses to correct the difficulty, as a prophylactic against the recurrence of the dis-

ease. It is essential, however, that this treatment should be supplemented by wearing a loosely-fitting shoe.

Otological Department.—Case No. 120,736. I find no defect of audition. As the patient's trouble may have arisen from want of suitable support to the foot, I have thought it best to shorten the stapes leather two holes.

Rhinological Department.—Case No. 120,736. A case of nasal toe-nail. Wishing to bring about a radical change in the parts, I have removed with the curette all adenoid growths, together with the adherent mucous membrane, from the cavities and packed them all with aseptic gauze—which should be removed if the patient wishes to sneeze.

Department Abdominal Surgery.—Case No. 120,736. Drs. A—, B— and C—, in consultation. The history showing that the patient's mother during life lost a set of false teeth, Dr. A— reasoning that "tooth and nail" are generally associated in action, is inclined to think the set may have been swallowed unconsciously and remained in the patient's stomach. Of course, he advises an operation.

Dr. B—, in view of the accepted belief that "*Gallia est omnis divisa in partes tres*," thinks it possible that one of them may have wandered down to the great toe, and advises an exploratory incision of the gall-bladder to ascertain if either part be missing. The "*Gallic boot of love*," cited by Dr. O. W. Holmes, seems to indicate a tendency of the gall to the foot.

Dr. C— concurs entirely with both of these opinions, but on general grounds advises the removal of the appendix. The patient, however, avers that this has been already done, and that he has it in a bottle at home, which he will fetch if required. It is therefore deemed advisable to await further development.

Gynecological Department.—Case No. 120,736. Palpation reveals no abnormal condition of uterus or appendages. A medical student calling our attention to the fact that the patient wears pants and has well developed male generative organs, we doubt if this is proper case for this department.

Department Genito-urinary Diseases.—Case No. 120,736. Organs apparently healthy. It, however, is not impossible that the patient may have had a stone (vesical) which was passed naturally and impinged upon and injured the great toe.

Department of Neuroses, etc.—Case No. 120,736. The result of a careful examination of this case indicates a deficient innervation of his lower extremities. Two well-marked areas of impaired sensibility or partial anæsthesia are located in the gluteal regions beneath the tuberosities of the ischia. His history not mentioning this, we questioned him as to how long the condition had existed. His replies were unsatisfactory—merely to this effect, that he had "sat so long upon those d—d hard benches that his — got numb." A rubber cushion with two holes is recommended, and the case should be kept under observation.

"There, gentlemen," continued the surgeon, as he finished reading to them the reports, "you have the result of a careful scientific inquiry into this case. I shall now send the patient to the chiropodist around the corner, with instructions to have the toe cleansed and a piece of sheet lead inserted under the roughened edge of the nail. I counsel you all not to lose the opportunity of witnessing the operation. Good morning, gentlemen!"—*Boston Medical and Surgical Journal*.

Specialism and Medical Practice in Texas.—Dr. R. P. Talley gives the following list of modern specialists (*Texas Medical Journal*) and makes some interesting comments upon them. There are, he says :

"1. The eye, ear, nose and throat *specialist*. 2. The gynecologist *specialist*. 3. The railway surgeon *specialist*. 4. Whiskey, opium, etc., *specialist*. 5. Dentist or oral surgeon *specialist*. 6. Official surgeon *specialist*. 7. The Arkansas Hot Springs *specialist*. 8. The self-constituted midwives, and on down the line to the street medicine man, the Christian science doctors, the pile doctors, the Keeleys, etc., about whom and which I shall have nothing to say on this occasion."

The doctor speaks kindly of what he calls real specialists who are masters of their work and confine themselves to it. But he has a grievance against the railway specialist because (and Dr. Talley seems fond of enumeration):

"1. These surgeons are backed by a powerful financial corporation.

"2. They get a handsome salary for a fraction of their professional time.

"3. They are not required to give their whole time and energies to their specialty.

"4. Out of all they get a big 'ad.' by which they step from the practice from the employees to their families and friends, as well as to the practice for the employer, not allowed under the rules of the Hospital Association.

"This is all very nice and desirable for the railroad doctors, but I think it is a devil of a hardship on the 'other fellows.'"

Dr. Talley does not like the Hot Springs specialist. His virtues, he says, "are advertised on every telegraph pole, hog-pen, etc., throughout the entire country. Unless we can make people understand that water can be made as hot in Texas as it can in Arkansas, our patients will continue to slip out and pay ten times as much for their troubles as if they would try in any sort of good faith their family physicians."

Incidentally we are given a painful picture of the overcrowding of the medical profession of Texas. In the town of Temper, where the doctor, who is president of the Austin District Medical Society, resides, there are twenty-two doctors to something less than 6,000 inhabitants, and in the country around there are

twenty-four more within ten miles. "Some authority," he adds, "has estimated that in the army, in time of war, one physician can serve five hundred soldiers, and that in civil life, one thousand and five hundred patrons are required to support one general practitioner. According to this estimate, in my town we have eighteen out of twenty-two doctors to spare, and if we cannot get rid of this excess, somebody will be hurt." "We presume this has as much reference to the patients as to the doctors." "This excess in number leads to all manner of 'sharp work' to get practice. Such a crowded population of doctors reminds me of a crowded population of poor people, where we find hot-beds of all sorts of pernicious diseases, moral as well as physical. Why, in too many localities our doctors are crowded, as well as illy bred as doctors, until the slime of local rivalry rises mountain high. If some local brother steps a little aside from what some other local brother thinks is ethical, he forthwith gets all sorts of infamy heaped upon his professional head. Who ever heard of two or three doctors getting together, singing a song and praying for some professional sinner, who had perhaps even sinned without knowing it? There is only one occasion when doctors may get together and sing and pray for one another, to wit: when one dies they can sometimes meet around his grave, and say amen, and then pass resolutions of condolence with a prayerful and perfect unanimity."

We wonder why the doctors of Texas have been working so hard to establish a medical college if their country is so well supplied. The causes of the over-supply in that state, as Pres. Talley should know, are two-fold: One is the cheapness of medical education; the other the ignorance of the people and their willingness to accept anyone for a doctor if he can make a presentable appearance at the bedside, and shrug his broadly expressive shoulders at the other fellow.—*Medical Record*.

The Mississippi Valley Medical Association met at Hot Springs, Arkansas, November 20th, under the presidency of Dr. X. C. Scott, of Cleveland. The railroad rates were lower than those given to any medical meeting before. Although a majority of the essayists were absent, enough excellent papers were read to fill the time allotted on the program.

Dr. Walker, of Canton, Ohio, read a good paper on "Urinalysis and Diagnosis." Dr. Woodbridge, of Youngstown, cracked his old nut, "Aborting Typhoid Fever." Dr. Wm. E. Wirt, of Cleveland, read a paper on "Treatment of Tumor Albus of the Knee-joint." Papers were also read by Dr. W. H. Humiston, Dr. W. C. Weber and Dr. C. B. Parker, of Cleveland. Dr. W. W. Wishard, of Indianapolis, was elected president; Dr. C. B. Parker, of Cleveland, vice-president, and Dr. F. C. Woodburn, of Indianapolis, was re-elected secretary. Detroit was selected as the next place of meeting.

Marine Hospital Service Inspection of Emigrants.—At the meeting of the Cleveland Medical Society, on November 23rd, Dr. R. M. Woodward, of the Marine Hospital, gave an interesting and graphic account of his duties and experiences at Rotterdam, where he for some time had charge of the work of inspecting emigrants. Dr. L. B. Tuckerman offered the following resolution, which was adopted:

“Resolved, That it is the sense of this society that the Marine Hospital inspection of emigrants before leaving foreign ports should be continued.

“Resolved, That the secretary of this society forward a copy of this resolution to Hon. John Sherman and Hon. Calvin S. Brice, with the request that they present the same to the United States Senate.”

According to the daily papers, the American Institute of Homœopathy has appointed a committee to inquire into the methods of issuing diplomas by the Cleveland University of Medicine and the Cleveland Medical College, two Homœopathic institutions in this city. It has been the constant practice of these schools to take students who have been rejected from the regular medical schools of this city, both in the entrance and final examinations, and make doctors of them by some short cut unknown to the regular schools. We hope the investigation will not prove a whitewashing affair, and that the American Institute of Homœopathy will prove that they are in earnest in the effort to elevate the standard of medical education, as the American Medical College Association has done by expelling the Kentucky School of Medicine from its membership.

North Central Ohio Medical Society.—The Fifty-fifth Quarterly Meeting of the North Central Ohio Medical Society is to be held at Marion, Ohio, Friday, December 21, 1894.

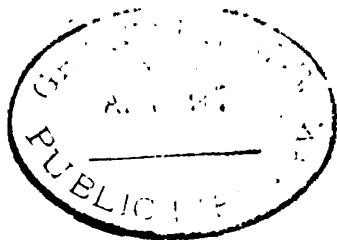
For Sale.—The library of the late Dr. Geo. W. Phinney, consisting of about two hundred and fifty volumes (edited within the last fifteen years), together with instruments, cases, medicines, etc., will be offered at private sale at the residence, 168 Crawford Road. Physicians are invited to call and make selection.

A Death from the A.-C.-E. Mixture.—On the 6th inst. Dr. R. Stansbury Sutton had a death occur from the administration of the A.-C.-E. mixture. The patient, a woman, forty-four years of age, with a bleeding fibroid, was being anesthetized in her bed, outside of the operating-room. The anesthetic was given by an experienced assistant; it was given through an open cone, the top of which was filled with absorbent cotton. The entire amount of anesthetic given was six drams, of which four were probably inhaled. The patient was a large, fleshy, and anæmic subject. Prior to the administration of the anesthetic, she was given an eighth of a grain of morphine hypodermically. Ten days before this Dr. Sutton had

given her an anesthetic (sulphuric ether) for an examination, and no trouble had resulted upon that occasion. Her heart was examined prior to the administration of the anesthetic on each occasion, and no organic lesion was detected. The time from the moment she began taking the A.-C.-E. mixture until she was dead did not exceed fifteen minutes. The patient was inverted, artificial respiration was instituted, and the tongue was drawn out and kept out. Trinitrin and brandy were injected under the skin, the left chest was slapped freely, and while the nurse was starting the battery the patient was pronounced dead.—*New York Medical Journal*.

The Removal of Foreign Bodies from the Cornea.—

Mechanics and workmen have learned from oculists (who should have taught them better) the method of removing foreign bodies from the cornea by "picking them out" with some sharp or slightly blunted metal instrument. In every factory or workshop every day, and often many times a day, it occurs that pins, knives, etc., are thus blunderingly used, frequently with great injury to the cornea, with the resultant formation of corneal ulcers, keratitis, iritis, or at least, leucomata. All text-books of ophthalmology advise the use of the "corneal spud" for removing such particles, and every young physician supplies himself with the instrument. But it is the most outrageously ill-adapted for the purpose conceivable. It is impossible for any patient to hold the eye still enough to permit any hand thus to remove a partly-imbedded grain of sand, or emery, or what-not, without wounding the epithelium of the cornea. For this purpose a rigid tool is absurd, and a rigid metal instrument is the acme of absurdity. Every physician should teach workmen how easy it is, and how free from any danger of injury, to remove the great majority of foreign bodies on the cornea with a simple wisp of cotton. Any particle not thus removable should not be sought after with pen-knives, awls, pins, or spuds, but the patient should be sent to a physician. Twist a little wisp of absorbent cotton, having long fibers, upon itself until the fibrils are well caught, but are not too densely packed, upon each other. Fold the roll upon itself and grasp it half an inch from the rounded or curved extremity. The eyelids are held apart by the fingers of the left hand, and the patient instructed to look in such a direction as to bring the foreign body into view. By delicate, though firm pressure, the wisp of cotton is brushed, not too quickly, across the cornea, or it is given a slight twist or screw-like movement when deftly pressed against the cornea. Almost invariably the dust-particle is removed at the first trial, being entangled or caught by the fibrils of the cotton. Cocaine, blepharostat, spud, time, labor and injury are all dispensed with and happily spared. The procedure may not be for the commercial advantage of the specialist, but it is worth more to the world than seven "original researches" and prize essays.—*Medical News*.



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ORIGINAL ARTICLES.

THE EFFECT OF IGNORANCE AND SUPERSTITION ON THE TREATMENT OF MENTAL OBLIQUITIES.*

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In the consideration of a subject covering so wide a scope, it may be necessary to go rapidly over some things which you may think deserve more than a passing notice, and detail some historical facts which by some may be considered irrelevant. At the outset we are confronted with the difficulty of saying something new about so old a subject. Bill Nye says "Shakespeare stole all our best thoughts;" Emerson says "Plato has made havoc with our originality." So that it appears to the writer that the best he can do will be to collate historical facts.

While we shall use historical facts to present the early treatment, and ignorance and superstition as causative factors, yet we would not have you believe that ignorance and superstition belonged wholly to the past, nor that their effect on the treatment of mental aberration antedates wholly the present. To define superstition satisfactorily—that is, in a manner satisfactory to all of us—would be an Herculean task. Many words have different meanings, according to the people, the age and the country. So with ignorance and super-

* Read before Cuyahoga County Medical Society.

stition ; they mean one thing with one people, and may mean something vastly different with another people, at a different period of history. Should I say to you that there are superstitious people now present in this room, you might think I was overstepping the bounds of professional courtesy. Our great Webster defines superstition as amazement, wonder, dread, especially of the divine or supernatural ; a standing still over something amazing ; hence an excessive reverence or fear of that which is unknown or mysterious, especially an ignorant or irrational worship of the Supreme Deity. The worship of false gods ; false religion ; rite or practice proceeding from excess of scruples in religion. Belief in omens and prognostics. A synonym is fanaticism. Superstition springs from the imagination in a dark and gloomy state. Fanaticism arises from this same faculty in a state of high-wrought and self-confident excitement. The former leads, in some cases, to excessive rigor in religious opinions or practice, in others to unfounded belief in extraordinary events or in omens or prognostics, hence producing weak fears or excessive scrupulosity as to outward observances. The latter gives rise to an utter disregard of reason, under the false assumption of enjoying a direct guidance from on high. Fanaticism, ignorance and superstition go hand in hand, yet superstition and fanaticism were not confined to the illiterate. We are told that even so great a man as James VI. of Scotland, who was afterward King of England, wrote a learned dissertation on demonology. Is it strange, then, that children of superstitious parents, surrounded by fanatical and ignorant relatives, saturated with constitutional bigotry, is it strange, I say, that these people in dealing with that most mysterious and awe-inspiring subject—a mind diseased—should regard the unfortunate victims with amazement, wonder, dread? From our earliest reliable history of insanity, down to comparatively recent years, the victims have been regarded as possessed of evil spirits, and no effort made to study the pathological conditions ; and the treatment based upon error could not have been other than cruel in the extreme. From the earliest times of which we have knowledge, at any rate as far back as a thousand years before Christ came upon earth, we can trace the history of mental disease ; but in ancient times, owing to the ignorance and superstition so universally pre-

vailing, it was but little understood, and, indeed, was comparatively rare. History informs us that there was an undoubted degeneracy in the methods of caring for the insane, from the days of antiquity down to the beginning of the present century. We are told that the ancient Egyptians employed the priests, together with their supposed all-potent agencies, to look after this unfortunate class of people, and their chief means of treatment was the influence of music and the beautiful in nature and in art, together with healthy recreation and agreeable occupation. Coming on down through the ages we find the Greeks giving considerable attention to this subject, and they have placed themselves on record condemning the excessive use of bodily restraint in the treatment of the insane. They also advocated the importance of music and kindly treatment as well as employment. How entirely in line with our so-called advanced ideas on the treatment of the insane! Mental obliquity dates from a very remote period. When Adam succumbed to the tempter, when man fell from a state of innocence, it is probable that among the many evils which assailed him, loss of reason, loss of mental power, was an early consequence of the unbridled desire, violent passions and morbid appetencies introduced by that mysterious event; and indeed, as a matter of fact, we do find in both sacred and profane history, notice of melancholy and of madness at a very remote era.

You who are students of that book which our mothers taught us was the book of books—the Bible—will remember it is chronicled that Saul, who lived a thousand years before Christ came upon earth, was tormented by an evil spirit or a deep melancholy, which was soothed by the music of David's harp. Again when David was beset by his enemies, it is said "he changed his behavior before them, and feigned himself mad in their hands, and scrabbled on the doors of the gates and let his spittle fall down upon his beard. Then said Achish unto his servants, Lo, ye see the man is mad; wherefore then have ye brought him to me?" Now, this was a case of feigned insanity, and unless a genuine was known, wherefore the counterfeit?

Several centuries after this, Nebuchadnezzar, King of Babylon, was deprived of his reason and placed in a state of seclusion, or, as

it is termed, "driven from the society of men," and in his own words says, "This day has my reason returned to me." We have frequent mention in the New Testament of persons "possessed with the devil," and it is quite probable that they were merely insane. The word "demon" did not mean devil among the ancients, nor did it even have a similar meaning. It signified the Divinity, a guardian spirit. Plato assigned this name to that spirit with whom the Supreme Being intrusted the government of the world. However, Esquirol informs us that the Jews, after the Chaldeans, attributed almost all diseases to the agency of the demon. The dysentery which smote Joram was referred to the same cause; from this it was an easy step to regard demon as the author of all that was bad, consequently the malevolent spirit, and for this same reason, hysteria, epilepsy and melancholy were called sacred. Herodotus affirms that Cleomenes did not become furious in consequence of the presence of demons, but because he was intoxicated with the Scythians. Referring to early history we learn that "man dependent by his organization upon external influences, and passing alternately from well-being to sorrow, from pain to pleasure, and from fear to hope, was naturally led to reflect upon the nature and relations of good and evil." He soon became impressed that there was a good being and a malevolent spirit, which presided over his good or ill fortune. This was probably the first step toward theology. Of course, under this system of theology, religion was "now gentle and full of consolation, now she assumed a severe and threatening tone." But man's existence, having been almost entirely pervaded by sorrow and pain, the almost universal heritage, ideas of a depressing character predominated. Fear and terror are but a remove from sadness; a religious melancholy was the direct result, therefore melancholia was probably the first, as it was certainly the most general and extended of all forms of mental alienation.

All nations and all peoples appear most strongly impressed by religious convictions; consequently when the worship of the true God was abandoned, there was something in man calling for adoration, and in this state the first objects of adoration were the stars. From this the so-called science—astrology—had its origin. Now carrying this thought, is it strange that religious melancholy was

regarded as dependent upon the course of the stars? And further, its occasional periodicity strengthened this belief. The insane were called lunatics, which literally means "moon struck." This appellation is still maintained in different parts of our country. Esquirol tells us that "when the doctrine of spirits, taught by the Platonists, at length complicated their theological notions, nervous maladies, and particularly mental alienation, were attributed to the agency of spirits and demons." Some of them were rash, bold and fearless, regarding themselves as inspired. Others were just the reverse, being sad and fearful, imagining themselves pursued by dragons, etc. Orestes and many other illustrious subjects of Divine wrath were pursued by furies.

"Like Pantheus, when distracted with his fear,
He saw two suns, and Thebes appear,
Or mad Orestes, when his mother's ghost
Full in his face infernal torches tost ;
And shook her snaky locks ; he shuns the sight,
Flies o'er the stage, surprised with mortal fright ;
The furies guard the door, and intercept his flight."

Astrology, magic, and witchcraft, all children of fear, so enchanted the imagination of men that we need not be astonished, says Pliny, that their influence lasts so long and has extended to all ages, regions and people.

Christianity, by bringing back religious views to the unity of God, by discrediting oracles and by its general enlightening effect upon men, rendered the opinions of Plato and Socrates sacred ; concerning the existence of demons, with Christianity came a great revolution in the sentiments of men. Among the ancient heathen philosophers the idea seemed prevalent that in some cases there was an actual exchange of the soul, and that the mind was deranged by the influence of a devil or demon. It was a consequence of the doctrine of the transmigration of souls into different bodies after death. You will recollect that a great many animals were regarded as sacred by the Egyptians, because their philosophers and priests taught that they were often inhabited by human souls. It was a natural consequence, then, that all cases of insanity should be entrusted to the ministers of religion. These deities were of all grades of power. The insane, especially those laboring under delu-

sions of a depressing type, were sent to the temples of Egypt dedicated to Saturn, where imposing religious ceremonies were employed to divert their attention and soothe their troubled minds.

In Davis' translation of Pinel (page 22) we find the following: "Whatever gifts of nature or productions of art were calculated to impress the imagination, were there united to the solemnities of a splendid and imposing superstition. Games and recreations were instituted in the temples. The most voluptuous productions of the painter and the sculptor were exposed to the public view. Groves and gardens surrounded these holy retreats and invited the distracted devotee to refreshing and salubrious exercise. Gaily decorated boats sometimes transported him to breathe, amidst rural concerts, the purer breezes of the Nile. In short, all his time was taken up by some pleasurable occupation, or rather by a system of diversified amusements enhanced and sanctioned by superstition." M. Pinel also informs us that analogous means were employed by the priests in France to cast out demons supposed to possess madmen and melancholiacs who were taken to Besancon during the festival of St. Suaire. We are told that "once a year, in the presence of an immense crowd of spectators, elevated on a spacious amphitheater, the supposed demoniacs, guarded by soldiers, were brought forth, agitated by all the movements and distortions characteristic of raving madness. The priests in their official garments proceeded with great gravity to their exorcisms. From a distant part of the church were heard melodious notes of martial music; upon a certain signal a flag stained with blood, with the name of St. Suaire inscribed upon it, was brought out, and three times hoisted amidst the acclamations of the wondering multitude and the roaring of cannon from the citadel."

Mirabele dictu! Pinel informs us that some maniacs were actually cured on these occasions, but as the means employed were more calculated to excite sudden terror than to produce a permanent diversion of the mind, which appears to have been the object of the Egyptian priests, they were certainly more dangerous and must have been less frequently successful.

The followers of Mahomet, however, believe that maniacs have renounced things terrestrial and are attached wholly to the celestial.

Consequently, in Turkey, establishments for the reception of the insane are placed in the vicinity of the mosques, and the patients are permitted to walk about, provided they do no injury to others. You will recollect that Dr. Ireland, in his "*Blot on the Brain*," advances the view that Mahomet himself suffered from epileptic mania. Windus says that in Morocco idiots are revered as saints, and as the elect of God, and that "all their eminent fools are led about, the people kissing their garments and giving them everything—but money. After their death, some great man hearing of their fame, makes it an act of devotion to beautify their tombs; or if they have none, to build one over their graves. In the works of" Hippocrates we find an anecdote concerning Democrites, which leads us to conclude that madness was not an uncommon occurrence in his time. We are told that Hippocrates was called to Abdera to cure Democrites of a disorder which was considered to be insanity; after passing some time with him, he was so much gratified with his conversation that, instead of considering him to be mad, he pronounced him to be one of the wisest of men.

While, as we have noticed, a great many of the ancients supposed insanity to depend upon the influence of demons, yet a few had reason to believe there was some pathological change. Hippocrates conceived it to depend upon the supposed qualities of the bile, others on the quantity of bile in the blood; others again on the irritation the bile excited in the brain, or in the viscera of the thorax and abdomen; while some also conceived that it excited a kind of combustion, attended by vapors sent up into the brain, presenting a variety of causes, without doubt sufficiently numerous to account for a great variety of mental disorders. We also learn that the spleen was supposed to exert peculiar influences, hence the term now in common use, "*vent his spleen*," referring to a fretful person. Another theory was founded on the idea that the sentient and intellectual powers had a separate existence, and that there was an actual derangement or separation of the mental faculties dependent thereon. Whether the doctor was intent upon expelling the bile, or had for his object the reduction of plethora, the propriety of evacuating the bowels seemed to be unquestioned. The medicine most generally employed for this purpose was hellebore, or Melan-

podium, so called from Melampus, who is said to have cured the daughters of Proteus by means of it. Of course this is somewhat legendary, yet the cure of the daughters of Proteus by this means is consistent, and deserves better recognition than mere fiction.

When the light of philosophy and Christianity first broke in upon the universal ignorance and superstition which reigned, one of the first objects of study was man. Philosophers of every age who have made the human mind the subject of abstract study and who set so high an estimate on human genius, must have been struck with awe and wonder in beholding the frequent subversions of this the Divine attribute of their species. To speculate, to study, and as far as possible explore and investigate the morbid phenomena of intellectual derangement, to solve the mysteries of the normal mental action, was the most interesting, because confessedly the most difficult of all the abstract studies. Is it any wonder, then, that the most brilliant men of every age have given their lives to the study of this same subject? The treatment of intellectual derangements, mental obliquities, likewise absorbed the attention of the most learned men. Referring to the writings of Celsus and Cælius Aurelius upon the subject of the moral management of the insane, we find that unnecessary severity seems to have been employed. Cælius Aurelius himself appears to have been more humane than some of the others of his day, and accuses the sect of medical philosophers known as methodists (not the followers of Wesley) with treating the insane with great barbarity. He says, "They ordered them to be fed like wild beasts, covered with chains without any discretion and to be whipped." Celsus, in book third, says: For the third species of insanity when a patient says or does anything amiss, *fame vinculis plagis coercendus est*, and as if this were not harsh enough, terror, fear and mental perturbation are to be added.

By following the history of the treatment of insanity from that period down to the beginning of the present century, you will observe that the Celsean rather than the Aurelian plan prevailed. Thomas Willis advised that as the first indication in the curative process of mania, manacles, fetters and stripes were equally as necessary as medical remedies. He further recommends that the food should be slender and not over delicate, clothing rough, bed hard

and treatment severe and rigid. In fact, living as we do in this enlightened age, when the motto of almost all well-regulated asylums is "the largest amount of liberty compatible with safety," we can hardly appreciate that for twenty-five hundred years there was comparatively no advance at all in the methods of caring for the insane and that the general management of deranged persons continued in every respect barbarous, in every country and in every age, until the great Pinel in France and Tuke and Connolly in England effected reforms, great in their time, often interrupted since, and even yet not universally adopted. The prevailing ideas regarding demons and witchcraft even invaded American soil and were the subjects of legal consideration, for we find in the Connecticut Blue Laws that "if any man or woman be a witch, that is, hath or consulteth with a familiar spirit, they shall be put to death." This brings us down to comparatively recent times. We are informed that in the 16th, 17th and 18th centuries, more than fifty thousand persons were put to death on account of witchcraft, and we have ample proof that the majority of those so tortured were insane; and indeed such was the condition and treatment of the insane, huddled together in the so-called asylums, that one wonders if it were not more merciful to treat them as witches and thus forever put an end to their suffering. The cries and wails and yells of the ill-fed, ill-treated insane, history tells us, made night hideous.

The impressions of terror received upon a visit to the asylums of the last century were never afterward effaced.

"Fast they found, fast shut,
The dismal gates and barricaded strong;
But long ere their approaching, heard within
Noise, other than the sound of dance or song,
Torment, and loud lament, and furious rage."

Connolly thus describes the asylums of that day: "Massive, gloomy mansions, prisons of the worst description; small openings in the walls, unglazed, or whether glazed or not, guarded with strong iron bars; narrow corridors, dark cells, desolate courts, where no tree, nor shrub, nor flower, nor blade of grass grew; solitariness, or companionship so indiscriminate as to be worse than solitude; terrible attendants, armed with whips, sometimes (in France) accom-

panied by savage dogs, and free to impose manacles and chains and stripes at their own brutal will ; uncleanness, semi-starvation, the garotte, and unpunished murders ; these were the characteristics of such buildings throughout Europe." Here, then, is the calm, deliberative judgment of a man whose earnest philosophy and fame as an alienist of pre-eminent ability were not confined to the British Isles. Was burning at the stake more to be dreaded than confinement in such terrible prisons? You ask why was this inhuman treatment allowed ; were men less human, more brutal than the men of this century? We think not. The treatment then in vogue was merely the result of the ignorance and superstition which still permeated the masses. Even France, the home of the arts and arms, science, letters and polished manners, the boasted model of Europe—even France, after the luxurious age of Louis XV., treated her insane with even more cruelty than her sister states. We are told that of the two large asylums in Paris, the Bicetre was the worst. Dr. Pariset thus paints it : "The insane, the vicious and the criminal were mingled together and treated alike. Wretched beings, covered with dirt, were seen crouched down in the narrow, cold and damp cells, where scarcely air or light found way, and where there was neither table nor chair nor bench to sit upon, but only a bed of straw, very rarely renewed. The attendants on these unhappy lunatics were malefactors, selected, not for any of the gentler virtues, from the prison. The patients were loaded with chains, and defenceless against the brutality of their keepers, and the building resounded day and night with cries and yells, and the clanking of chains and fetters."

But France, though so deep in the valley of inhumanity, through her immortal son, Dr. Pinel, was raised to the topmost pinnacle of philanthropic zeal in the care of her unfortunate insane. The darkest hour is just before dawn. These dark and gloomy days in the history of the insane were to be followed by more enlightened and humane treatment. Dr. Pinel was appointed superintendent of Bicetre, where these unfortunates were confined amid the most loathesome surroundings, where men covered with filth cowered in cells of stone, narrow, cold, damp and scantily furnished. The cells are described as frightful dens, where we should hardly like to

lodge cattle or swine. It was the widespread, popular belief in those days that maniacal patients could not possibly be controlled if their massive chains were removed, but Dr. Pinel knew better. The authorities tardily and unwillingly yielded to the importunities of the physician. An official who was deputed by the Commune to accompany the superintendent and watch his experiment, no sooner caught sight of the chained maniacs than he excitedly exclaimed, "Ah, citizen, art thou mad to unchain such animals?" The physician was not to be deterred, however, from carrying out his benevolent project, and to the consternation of the attendant ordered all of the mechanical restraints in use on one of the worst wards to be immediately removed. The attendants and nurses were seized with fear, and it was only after the order was given in the most peremptory manner that they did as they were told. The effect was magical; the most furious madmen, who had been chained for years, left off their ravings, and to the surprise of the attendants showed no disposition to make violent use of their new-found freedom.

What a sight it must have been! Imagine rows of stalls or cells, each containing a human being chained to the walls, manacled hand and foot, making the walls resound with their shrieks and howls, and now what is that little group I see 'way down yonder at the end of the hall. One man appears to tower above the others. Look! He is earnestly giving them directions, which they seem disinclined to obey; now they are unchaining one of those poor wretches, and instead of striking violently at those about him, he kneels and kisses his liberator's hands and feet, and now more are liberated, and nearly all, as soon as their shackles are stricken from them, crowd around this noble physician and shower their humble blessings upon him.

To-day the use of mechanical appliances in asylums for insane amounts to almost nothing. The light of Christianity has broken in and driven out the darkness of superstition. The alienist, who now advocates the indiscriminate use of bodily restraints, is indeed a *rara avis*, though we regret to say the abolition, or even the diminution of mechanical restraints has been fought every inch of the way.

To summarize :

1st. From a careful study of historical facts relative to the care of the insane, we are led to believe that there was an undoubted retrogression from antiquity, down to comparatively recent times.

2d. That, while improved methods were inaugurated a century ago, yet we have great satisfaction in contemplating the fact that the most rapid progress of the century has been made during the last decade.

3d. The most philanthropic and scientific alienists of our day are wedded to the "Hospital Idea," and we may confidently expect great advancement in the near future, and that we, who have so long stood merely upon the threshold, may be permitted to enter the field of scientific psychiatry.

AN UNUSUAL CASE OF DYSIDROSIS.

BY EDWARD PREBLE, M. D., CLEVELAND, OHIO.

This summer I was consulted by a young man, age about eighteen, who presented the following simple lesions, viz., blebs (apparently), of various size, seated on the backs of the hands and fingers. There was no inflammatory areola. These blebs scaled down from the size of a pea bean to mere vesicles, and were closely grouped. The larger blebs were invariably seated over the metacarpal, digital and carpal knuckles. The smaller lesions were outlying, and quite a number extended up the wrists one-third of the extent of the fore-arms. I found nothing on the palms, feet or elsewhere.

The patient took it for granted that he had a case of ivy poisoning, contracted through a trip in the fields a few days before the eruption appeared. I could, however, readily exclude this affection, on account of the complete absence of inflammatory symptoms. The hands were cool, circulation poor, with a slight tendency to lividity. There was no burning nor itching, only a sort of dull pain and discomfort. The general condition was poor, and the patient nearly fainted when I evacuated a few blebs.

At first I thought I could exclude dysidrosis, because the palms and palmar surfaces of the fingers were seemingly spared, and because the peculiar tingling and burning sensations were absent.

The feet, too, appeared to be free. I thought I was dealing with an anomalous case of hydroa, or pemphigoid eruption, due to some toxæmic condition. I put patient on an eliminative plan of treatment, with Fowler's solution; and locally, protective and sedative dressings. I evacuated many blebs, which appeared to be multilocular, refusing to collapse. The reaction of the liquid was in part neutral, often faintly acid, and therefore still suggested dysidrosis.

I saw the patient daily and the symptoms began to change markedly. Blebs came on the heels and toes, and a crop of vesicles showed itself on the ears. The weather was hot and humid, favoring activity of as well as interference with the perspiratory functions. The hands became still more livid, and were singularly insensible to pain when pricked in opening the blebs. The raised epidermis of the blebs was greatly thickened, and I began to perceive that the exudation was not from the rete, but appeared to be seated between the laminae of the horny layer. The rete was, therefore, not exposed, the exudation seemed to be free from mucin, for it never stiffened the dressings. Not a drop of pus had formed, although the dressing had not been at all aseptic. But there was a distinct odor of decomposition proceeding from the dead and macerated epidermis. Patient was alarmed and feared, I suppose, some gangrenous complication; and I confess that the disposition to lividity, bleb formation and bad odor made me a trifle anxious for the outcome. I stopped all treatment except dusting with boric acid, with sublimate fomentations. For several days there was decided improvement, the process being at a stand-still, and new blebs did not appear. Now began certain other symptoms all pointing to dysidrosis. First I discovered deep down in the balls of the thumbs and pulps of fingers, a few of the typical boiled-sago-grain lesions found only in dysidrosis; and second, the patient complaining of general pruritus, I stripped him and found a general miliary rash, or prickly heat, over the trunk and throat, which of course was due to a general congestion of the sweat glands. I had become thoroughly convinced of the essentially superficial character of the lesions of the hands, and was able to assure the patient that his trouble looked much worse than was really the case. Much of the dead epidermis was snipped away, all exudation ceased, odor was normal, and no

pus appeared. The condition lasted about ten days from first to last, and resolution was very rapid after it once set in ; so that the last twenty-four hours of the affection witnessed a most striking change, the morbid process probably terminating spontaneously by a sort of critical day.

In the meantime I had obtained interesting historical data. First, patient's father recalled the fact that when a boy, he had been subject to "ivy poisoning" (as he believed it) every summer. The condition, he said, was much like patient's, but less severe. It usually lasted two weeks, during which time he kept his hands poulticed. Second, patient himself recalled that while the palms of the hands perspired no more than average, the backs of the hands and fingers perspired profusely in the summer. He would watch the backs of the hands and see the sweat well up and form beads in this locality, and had often wondered at the phenomenon.

It now remains to discuss this interesting case. Dysidrosis, so authors say, is confined to the palmar surface of the hands and fingers, and never appears on the backs except as an extension from the palms. In the latter locality it forms deep-seated vesicles, which cause much tension, itching and throbbing. Subjects who have it perspire readily, and have cold and clammy hands. The process does not consist of dilatation of sweat-pores, with retention cysts, but is due to an escape of sweat between the horny laminae. At times, in the palms and between the fingers, the vesicles are sufficiently near the surface to rupture, and dissect off the overlying epidermis. The contained fluid is sweat and not serum. The process, while not inflammatory itself, may readily excite inflammation, and, practically, is managed as an ordinary eczema, with which it is usually confounded.

It is therefore easy to see that my case was not typical dysidrosis, and it is not easy to account absolutely for it, because we know next to nothing about dysidrosis in any form. In what relation did it stand to ivy poisoning (for I do not say absolutely that ivy had nothing to do with the case)? Ivy poisoning, in the ordinary sense of the term, is a form of dermatitis or simple inflammation of the skin, such as may be excited by a host of irritants ; and our case was certainly non-inflammatory. But I remember to have read that

some author (I am sorry I cannot remember his name), in studying certain cases of supposed ivy eruption, remarked that there seemed to be an element of dysidrosis present, as if the *materies morbi* had somehow cut off the excretion of sweat, in place of exciting an inflammatory exudation. It is quite likely that this observer was confronted by cases similar to my own, and had confounded them with true ivy poisoning, from the superficial resemblance and belief of patient. I will not dwell further on this matter, simply repeating that ordinary ivy poisoning is an intense dermatitis often associated with cellulitis and œdema, and that the vesicles present are purely inflammatory, blebs being formed by coalescence of vesicles.

The causal nexus is best explained as follows: In the first place some inherited dystrophy was doubtless present, some error in the perspiratory function handed down from parent to child. In cool weather this condition was of course not tested, and probably it was a function of adolescence, destined to be outgrown. But when the hot and humid weather of midsummer appeared, some strain on the perspiratory function being common—as shown by the prevalence of lichen tropicus, and of insolation in overheated people,—a hyperidrosis of the backs of the hands was usually present in the patient, and from some unknown factor, and coincident with a disposition to lichen tropicus or prickly heat, this condition of hyperidrosis passed into dysidrosis. In other words, dysidrosis in my case was a phenomenon allied to lichen tropicus.

I am not seeking to theorize on these matters, but merely to call attention to the connection between hyperidrosis, lichen tropicus and dysidrosis in this instance. These lesions all appeared in mid-summer, in an individual predisposed by inheritance to perverted sweat-excretion.

The statements of authors that dysidrosis affects the backs of the hands and fingers only rarely and then by extension from the palms, must, I think, be erroneous. In my case, the converse is true. I believe also that cases like mine have been confounded with ivy poisoning, because the same regions are involved in each condition, both appear along in mid-summer, and both are bullous and vesicular affections. It is, however, after all, very hard to understand how a dermatologist could confound the two conditions.

From the fact that the horny tissues were greatly thickened, it might be suggested that the process was originally a hyperkeratosis, with subsequent formation of retention-cysts connected with the sweat-ducts. This hypothesis, however, is contradicted by all of the facts of the case. The horny layer was probably only swollen by being drenched with the fluid which separated its laminae, and thus formed the blebs and vesicles.

Concerning the practical bearing of the case from the standpoint of the general practitioner, there are two points to touch upon—first, the confounding of the condition with ivy-poisoning, which would result in much barren treatment, and second, the possibility of a very inexperienced man's confusing the condition with some gangrenous trouble; for the combination of a sort of local asphyxia, even in a faint degree, with blebs and a distinct odor of decomposition, would be pretty sure to set a good many men thinking. Concerning this local asphyxia, shown by the general coldness, lividity and insensibility of the hands, I can only say that it represents an aggravation of the cold, clammy, perspiring extremities so often found in dysidrosis.

Concerning treatment, I am free to say that in this particular instance, anything which was efficacious was purely of the expectant order. While arsenic is called a specific for bullous affections, it was certainly inert in modifying these bullae connected with dysidrosis. As these bullae were non-inflammatory, the use of anti-phlogistic remedies was not indicated. As before said, my treatment consisted in opening the blebs and snipping away the free epidermis, after I had macerated the surface by compresses wet in sublimated water. The exposed surface was then dusted with powdered boric acid. Under this treatment, which, however, was not instituted sufficiently early, the disagreeable features of the affection were kept in the background.

The affection will be very likely to re-appear in the following summer, and prophylaxis in the shape of nerve and other tonics, and general hygiene, such as correct the tendency to dysidrosis, would undoubtedly be worth trying.

TWO ANOMALIES OF THE TESTICLE.

BY J. B. M'GEE, M. D., CLEVELAND, OHIO.

The testicle, in the course of its descent, or transition, as it is termed by Curling, is occasionally retained, retarded, or deflected, resulting in its presence in an abnormal position. It may remain within the abdomen, be arrested in the inguinal canal, be found at the external ring; or, deviating from its normal direction, exist in so unusual a site as the perinæum or crural ring. Instances of detained descent are by no means rare, and in some, the organ has been removed; while in a case reported by H. Williams, it was brought down and secured within the scrotum in a successful attempt to remedy the defect. In this class of cases, a normal transitory stage in the fœtus becomes in the child or adult a permanent anomaly. We so seldom, however, find the misplaced organ in the perinæum, that I presume to detail a case recently seen of this extremely rare condition. The patient was a boy one month old, whose parents wished to ascertain if he was ruptured. I had attended the mother during her labor, which was normal and of short duration, and the child was healthy, with no other abnormality. The scrotum was natural, the testicle on the right side easily found. Examining the left half, which appeared perfectly normal, and finding it empty, my first impression was that the testicle had not yet descended. Further examination, however, detected the missing organ lying in the left side of the perinæum. This appearing slightly fuller and more prominent than the right half of the median line, caused me to examine it more closely, when the presence of the testicle was readily recognized, and its retraction, on irritating the skin on the corresponding side, evidenced the existence of a cremaster muscle. The organ lay in the anterior part of the perinæum, the spermatic cord was present, and as far as could be ascertained, was apparently identical with its more fortunate fellow of the opposite side.

The number of cases of this anomaly reported is quite small, although the standard surgical works refer to such as having been noticed from the time of Hunter until the present, and an occasional case is recorded in the current journal literature. Mr. Curl-

ing has seen eight, more, probably, than any other surgeon; and W. R. Williams met one in which a congenital hernia existed, in addition to the perineal displacement. Mr. Hutchinson's case, in which both testicles were in the perinæum, is, I believe, the only one of the kind; and Zeiss found the organ lying in this position to seriously interfere with the operation of lithotomy. It is stated that the left testicle remains undescended more frequently than the right, and from a review of the cases of ectopia testis perinealis recorded, this anomaly also appears to exist, in a majority of those seen, on the left side.

While no hereditary tendency to this special abnormality has been noted, Dr. H. Royes Bell mentions a father and son as each having one testicle in the inguinal canal. Professor Gross refers to a similar case occurring in several members of the same family, and Dr. T. A. Emmet saw one, of hermaphroditism with testicles in the labia majora, in which a brother of the patient was similarly afflicted.

The causes of the perineal anomaly are not very clearly defined. It is certainly congenital, and Keating attributes it to "an insertion of the gubernaculum testis in the wrong place, to an arrest of development, and occasionally to traumatism." Agnew states that "it is difficult to conceive how the gland could reach this locality except by a continuity of the integuments of the perinæum with those of the external abdominal ring," and Curling explains it by assuming "the attachment of the middle part of the gubernaculum to the integuments of the perinæum." It is doubtless due to various causes and conditions, and in this instance I am inclined to regard Mr. Curling's explanation as the correct one.

When existing in an abnormal position, the testicle ordinarily remains undeveloped, but this does not imply lack of virility, as the normally placed gland usually undergoes a compensating hypertrophy, assuring the sexual potency of its possessor. In Mr. John Wood's case, in which one testicle lay in the left iliac fossa, "the normal one in the right side of the scrotum was double its natural size."

The presence of the organ in so exposed a situation as the perinæum, is the source of probable annoyance and possible danger, and on the approach of puberty, the risk of injury would be greatly

increased. In its new position, it would be pressed upon by the surrounding structures, exposed to blows, and if inflamed might readily be mistaken for a perineal abscess. Such exercises as horse-back riding and bicycling should be prohibited. In this case, I advised no interference for a while at least, and in infants this is probably the best course to follow.

Should an operation be desired, by waiting a few years and before puberty arrives, the gland would be a little larger, the funicular process probably absent, and the risks to the child less, as antisepsis could be more thoroughly employed than in infancy. In the effort to effect replacement, the failures have been frequent, and it may be a question whether the results justify the risks assumed. An undeveloped scrotum would indicate probable failure, and after puberty, Heath states that "the prospect of success is so small as to render the attempt unjustifiable." He suggests a pad to protect the parts, while Gross recommends removal, and Wyeth advises delay until it annoys the patient, then extirpation of the gland.

In an endeavor to restore the testicle to the scrotum, Mr. Partidge failed, and in two other cases, in which the operators were Mr. Adams and Mr. Curling, the patient died. In fact, I have found but one instance of success—that of Professor Annandale, in a child three years of age, in which the gland in the right half of the perinæum was transferred to and retained in the scrotum. In my opinion, at a suitable time, the case reported in which the scrotum is well developed, would present in an operation a strong promise of successful replacement and recovery.

I wish to add to the preceding a case of supposed supernumerary testicle, brought to my notice by a gentleman who seemed quite proud of this extra evidence of his virility. The presumed gland was in the left half of the scrotum, smooth, oval in shape, and about one-third the size of the normal testicle behind which it lay. It was below and separate from the epididymis, apparently closely connected with the vas deferens, had never caused him any discomfort, and having been present since his earliest remembrance, was probably congenital.

While cases of supernumerary testicle have been reported, the term is doubtless a misnomer; for although there may be conjectures

as to the character of these bodies, as no dissection has been made in any of the recorded cases, their existence as true testicles has not been verified, and most surgeons believe them to have been neoplasms of various kinds, attached either to the scrotum or the testicle itself.

Agnew cites two cases, in one of which the person possessed four, in another five such growths, but decidedly doubts their true glandular character, and mentions two instances in his own practice, in each of which the supposed extra organ was the globus major, separated from the epididymis, and strikingly resembling a testicle. In this case, the new body was evidently not one of the so-called hydatids of Morgagni, which, when present, are attached to the upper part of the testicle, and are the residue of the foetal duct of Muller, and plainly, too, it was not the globus major as noted by Prof. Agnew; and I venture to suggest that the supposed testicle is the body described by several authors as the *corpus innominatum*, or organ of Giraldes. It is the analogue of the parovarium and represents the remains of the Wolffian body. It is found in the foetus, sometimes in childhood, and this case evidently presents an example of its persistence into manhood. As the Wolffian duct forms the epididymis and vas deferens, the intimate connection existing between these structures and the superfluous body would indicate as extremely probable this explanation of its presence and character.

CASES OF CONGENITAL AURICULAR AND CERVICAL FISTULÆ.

BY C. A. HAMANN, M. D., CLEVELAND, OHIO.

Acting Professor of Anatomy, Medical Department of Western Reserve University.

Instances of congenital auricular and cervical fistulæ, while not very uncommon, still are perhaps of sufficient interest to deserve mention.

The patients who are the subject of this brief note were kindly shown me by Dr. A. R. Baker, to whom I am indebted for the privilege of recording the cases.

Case I, aet. 9 years, presented himself with suppuration of the

preauricular lymph glands of the right side; the pus had found partial exit through an opening, about three millimeters in diameter, situated in the anterior part of the helix of the ear. This opening had existed since birth, and upon examination was found to lead into a canal about three-fourths of an inch in depth. The abscess was opened and the inflammation quickly subsided.

The auricle was otherwise well formed. At the inner canthus of the right eye, in the lower lid, there was a small congenital opening, through which a probe of about 1 m. m. in diameter could be passed for one-fourth of an inch. No other congenital defects existed. The father of the child presented a sinus at exactly the same place in the helix of the right ear, illustrating the well-known hereditary tendency of these defects.

There was also present a dark spot just above the sternal extremity of the right clavicle, on the anterior border of the sterno-cleido-mastoid, from which, according to the patient's statement, a turbid fluid exuded at times; though at the time of the examination the opening was closed, there could be felt a cord-like mass running for a short distance under the skin. No other member of the family, as far as could be learned, had any congenital abnormalities.

The explanation of the auricular fistulæ in these cases is no doubt to be sought in an imperfect union of two adjacent auricular tubercles, for according to His (*Anat. Mensch. Embryonen*), the pinna is formed from six tubercles, which surround the external extremity of the first branchial cleft at the end of the first month of intra-uterine life. Of these tubercles, the first forms the tragus, the second and third the helix, the fourth the antihelix, the fifth the antitragus and the sixth the lobule. If the second and third fail to unite properly, a fistula, such as above described, may result. Sometimes these sinuses contain sebaceous glands, the secretion of which annoys the patient. The tubercles may unite superficially, leaving a cavity in which a dermoid cyst may form. (Sutton.)

In other cases, where the pinna is more deeply divided, the meatus and tympanum may be imperfectly closed, and the membrana tympani may be to some extent deficient. The cause of these defects is to be sought for in incomplete closure of the first branch-

ial cleft, from which the Eustachian tube, tympanum and external auditory meatus are formed.

Instead of the term "branchial cleft," it is perhaps better to use the term "branchial furrow," for the researches of His, Kolliker, Piersol and others have shown that no complete clefts exist between the branchial arches, but there is, in birds and mammals, a septum (*Verschlussplatte*) consisting of an epiblastic and a hypoblastic layer, between the outer and inner portions of the "cleft."

The congenital fistulæ at the lower part of the sterno-cleido-mastoid were formerly accounted for by the imperfect closure of the fourth branchial furrow, but more recent researches of His and Rabl make it probable that they are due to a partial persistence of the sinus præcervicalis. (His.) This is a deep furrow that exists at the lower part of the neck, and is formed by an invagination of the third and fourth branchial arches and a down-growth of part of the second. This furrow normally disappears by the coalescence of the epithelium of the branchial arches with that of the body wall.

The presence of the short sinus at the inner canthus of the eye in the case of the boy mentioned above, is to be accounted for by some irregularity in the closure of the lachrymal fissure, or groove, which is situated between the superior maxillary and lateral nasal processes.

CORRESPONDENCE.

PURE *VERSUS* IMPURE VACCINE VIRUS.

GLENVILLE, O., Dec. 29, 1893.

The large number of cases of severe post-vaccinal inflammation which have been reported during the past two months, raises the important question as to the quality of the lymph sent out from some of the vaccine farms and sold to the profession by the retail dealers. The prejudice which exists in the public mind against vaccination makes it incumbent on physicians to use only reliable lymph; but what assurance have we that such has been supplied to us? Practically none, until the incubation stage has passed and the area of inflammation fully manifests itself.

By way of explanation of the bad effects now so prevalent, one dealer was heard to remark that the virus was too fresh, and that after being kept for two or three months it would yield better results. This certainly is at variance with the usually accepted idea that with age the lymph deteriorates.

Would it not be proper for the State Board of Health to at once thoroughly investigate this subject—one of such vital importance to the community, and in which the physician's reputation is placed so much at stake?

A severe penalty should be imposed upon anyone who knowingly or carelessly obtains and sells impure bovine or humanized virus.

It is questionable whether the severe inflammatory and septic symptoms so noticeable of late do not antagonize more or less the effect of the vaccine virus, thereby leaving the person presumed to be successfully vaccinated, with but little, if any, protection against variola.

After an extended study of the subject, M. H. Comte states in the "*Revue Generale de Clinique et de Therapeutique*" for Oct. 18, 1893, that he has found in many specimens of vaccine virus, pyogenic microbes which he believes to be the cause of the unfavorable symptoms complained of. In the same writer's practice, although strict antiseptic precautions were adopted, several cases of troublesome dermatitis, lymphangitis and adenopathy occurred, and in five instances there has been a severe grade of inflammation of the subcutaneous tissues, with central sloughing, ulceration, and slow repair, to be followed no doubt by an atypical cicatrix.

According to Hyde ("Diseases of the Skin," Third Edition, 1893) "The complications of vaccination are due, first, to the character of the virus employed; second, to the character of the soil in which it is implanted; and third, to the external accidents to which the vaccine lesion is subjected."

I am fully convinced that the present unpleasant results are largely due to the first named cause. IRWIN C. CARLISLE, M.D.

MANSFIELD, O., Dec. 29, '93.

At a regular meeting of the North Central Ohio Medical Association, which convened here to-day, the following preamble and resolution were unanimously adopted. They were directed to the members of the General Assembly from this district. Members were selected whose duty it will be to make a personal appeal to legislators in behalf of the passage of a vigorous measure.

WHEREAS, measures are being taken by the medical profession throughout this state for the enactment of a law "Regulating the Practice of Medicine and Surgery;" therefore be it

Resolved, That the members of this society do most urgently and respectfully request that you (the Assemblymen) use all honorable means to secure the passage of a law that will protect both the profession and the people from disreputable and incompetent pretenders.

Committee { GEO. P. SÄTTLER, M. D.
R. S. BOLES, M. D.
A. McCULLOUGH, M. D.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

AN ACT TO REGULATE THE PRACTICE OF MEDICINE IN THE STATE OF OHIO.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio,* that Section 4403 be amended so as to read as follows:

SECTION 4403. Within thirty (30) days after the passage of this Act, the Governor, by and with the advice and consent of the Senate, shall appoint a State Board of Medical Registration and Examination, consisting of seven (7) members, who shall be physicians in good standing in their profession. Representation shall be given to the different schools of practice in the State as nearly as possible in proportion to their numerical strength in the State; provided, however, that no one school of practice shall have a majority of the whole Board.

The members of this Board shall be appointed for a term of seven (7) years; provided, however, that the members first appointed un-

der this Act shall be appointed for the terms of one, two, three, four, five, six, and seven years respectively.

Said Board shall organize by electing a President and Treasurer from among their number. They shall also elect a Secretary, who may or may not be a member of the Board, and who shall be a physician in good standing in his profession.

The salary of the Secretary shall not exceed fifteen hundred dollars (\$1,500) per annum, to be fixed by the Board, and necessary expenses in performing the duties of his office.

The Treasurer shall be required to give a bond in the sum of ten thousand dollars (\$10,000) approved by the Board.

Members of the Board shall receive the sum of ten dollars (\$10.00) per day for the time actually employed in the discharge of their duties and their necessary expenses pertaining thereto; provided, however, that the salary and expenses of the Secretary and the per diem and expenses of the Board shall be met from fees hereinafter provided in this Act.

Said Board shall have a common seal and shall formulate rules to govern its own actions. The President and Secretary shall have the power to administer oaths.

Said Board shall hold meetings at the Capital of this State on the first Tuesday of January, April, July, and October of each year, and such other meetings as said Board may from time to time appoint. Five (5) members shall constitute a quorum.

Said Board shall keep a record of all the proceedings thereof, and also a record or register of all applicants for certificates as provided herein, together with the age of the applicant, time spent in the study of medicine, and the name and location of the institution granting said applicant the degree of Doctor of Medicine or Surgery. Said register shall also show whether such applicant was rejected or a certificate granted under this Act. Such books and register shall be *prima facie* evidence of all matters therein recorded.

SECTION 2. That Sections 4403, 4403a and 4403b be supplemented by supplementary Sections 4403c, 4403d, 4403e, 4403f, 4403g and 4403h.

SECTION 4403c. On and after the passage of this Act, no person shall practice Medicine, Surgery, or Midwifery, in any of its branches, in this State, unless such person has first complied with the requirements of this Act.

If a graduate in Medicine or Surgery, he shall present his diploma to the Board for verification as to its genuineness. If the diploma is found to be genuine and from a legally chartered institution in good standing, as determined by this Board, and the person named therein be the person claiming and presenting the same, the said Board of Registration and Examination shall issue their certificate to that effect, signed by the President and Secretary thereof, and such certificate shall be conclusive evidence as to the lawful right of the owner of the same to practice Medicine in this State as

soon as he has complied with the further requirements of this Act as to its recordation.

Applicants presenting diplomas for verification under this Act shall accompany the same with the affidavit of the holder and applicant that he is the lawful possessor of the same, and that he is the person therein named, and giving his or her age and the time spent in the study of Medicine. Such affidavit may be taken before any person authorized to administer oaths under the laws of this State, and the same shall be attested under the hand and official seal of such officer; and any person swearing falsely shall be deemed guilty of perjury and punished accordingly. Applicants may present their diplomas and affidavits as provided in this Act by letter or by proxy, and the Board shall issue its certificate the same as if the owner of the diploma was present.

Any person not a graduate of a School of Medicine in good standing, as determined by the Board, who is a legal practitioner of Medicine under the laws of the State in force at the time of the passage of this Act, shall be entitled to register and receive a certificate from said Board, which shall entitle the lawful holder thereof to all the privileges contemplated in this Act. Such applicant shall be required to furnish said Board an affidavit as hereinbefore provided, setting forth the length of time and the place or places during and at which he or she has engaged in the practice of Medicine or Surgery.

Any person engaged in the practice of Medicine in the State at the time of the passage of this Act, who is not a legal practitioner under the laws of the State in force at the time of the passage of this Act, or shall possess a diploma from a medical college not in good standing, as determined by this Board, shall present himself before the said Board of Registration and Examination and submit to such examination as the Board may require; and if the examination be satisfactory to the Board, the said Board shall issue its certificate in accordance with the facts, and the lawful holder of such certificate shall be entitled to all the rights and privileges herein mentioned, for the period of one year next ensuing from the date thereof.

For the issuance of a certificate under any of the preceding regulations of this Act, the affirmative vote of not less than five members shall be necessary.

The fee paid to the State Board of Registration and Examination for the verification of a diploma and the issuance of the certificate thereon, or for the issuance of a certificate to any legal practitioner of Medicine at the time of the passage of this Act, shall be five dollars (\$5.00). For the examination of applicants desiring to practice as provided herein, the fee shall be twenty-five dollars (\$25.00). In the latter case, said fee shall not be returned in event of a failure to issue a certificate thereon, but the applicant may at any time

within a year after such refusal, again present himself for examination without the payment of an additional fee.

All fees shall be paid to the Treasurer of the Board, and by him deposited with the Treasurer of the State of Ohio for the use of the State Board of Registration and Examination.

Said moneys shall be paid out only on the warrant of the Auditor of State, issued on the presentation to the Auditor of vouchers approved by a majority of said Board of Registration and Examination.

SECTION 4403d. The person receiving a certificate to practice Medicine or Surgery from the State Board of Registration and Examination as herein provided, shall file the same, or a certified copy thereof, with the Probate Judge of the County in which he or she resides, and said Probate Judge shall file said certificate or copy thereof, giving the date of the same and the name of the person to whom the same is issued, and giving the date of such filing in a book to be provided and kept for that purpose. Said Probate Judge shall each year furnish to the Secretary of the State Board of Registration and Examination a list of all certificates on file in his office, and upon notice to him of a change in location or the death of a person possessing a certificate, or of the revocation of a certificate granted to such person, said Probate Judge shall enter at the proper places in the record so kept by him a memorandum of said fact, so that the record so kept by said Probate Judge of the County shall correspond with the records of said Board as kept by the Secretary thereof.

In case the holder of a certificate shall move into another County of this State, he or she shall procure from the Probate Judge of the County, a certified copy of said certificate, and file the same with the Probate Judge of the County to which he or she shall so remove. Said Probate Judge shall file and enter the same with like effect as if the same were the original certificate.

Said records shall always be open to the public for inspection.

The Probate Judge of the County shall receive for the recording of such certificate, the sum of fifty (50) cents each, to be paid by the holder thereof.

SECTION 4403e. Said Board of Registration and Examination may refuse to grant a certificate to any person who has been convicted of a felony, and may, by an affirmative vote of not less than five members of the Board, revoke a certificate already issued, for the same cause.

SECTION 4403f. Every person practicing Midwifery in this State, on the passage of this Act, shall, within ninety (90) days thereafter, register with the Probate Judge of the County in which she resides, in the manner hereinbefore provided for physicians, giving her age and length of time and the place or places during and at which she has been engaged in said practice, and make affidavit thereto, and shall pay a fee to said Probate Judge of five dollars (\$5.00), fifty

(50) cents of which he shall retain as his compensation, and the balance remit to the Treasurer of the State Board of Registration and Examination. Said Probate Judge shall issue a certificate to the one so registering, in accordance with the facts herein set forth, upon a blank form furnished by the State Board of Registration and Examination, which shall entitle the holder to practice Midwifery in the County in which said Certificate is issued. The Probate Judge shall annually, on the first Monday in January, make returns to the Secretary of the State Board of Registration and Examination of all such certificates on record in his office.

All persons beginning hereafter the practice of Midwifery in this State, shall appear before the State Board of Registration and Examination and submit to such examination in Midwifery as the Board shall require, and if such examination is satisfactory, the said Board shall, upon the receipt of ten dollars (\$10.00), issue a certificate the same as provided for Midwives in practice at the time of the passage of this Act, which certificate shall be registered with the Probate Judge as hereinbefore provided in the case of Midwives in practice at the time of the passage of this Act, but for such registration with the Probate Judge, holders of said certificates shall be required to pay a fee of fifty (50) cents only.

The certificate granted to practice Midwifery shall not give the holder the right to perform version, or treat breach or face presentation, or do any obstetric operation requiring instruments, or to treat any other abnormal condition except in emergencies.

SECTION 4403g. Any person shall be regarded as practicing Medicine or Surgery within the meaning of this Act, who shall append the letters M. D. or M. B. to his or her name, or for a fee prescribe, direct, or recommend for the use of any person, any drug or medicine or other agency for the treatment, cure, or relief of any wound, fracture, or bodily injury, infirmity, or disease, provided, however, that nothing in this Act shall be construed to prohibit service in case of emergency or the domestic administration of family remedies; and this Act shall not apply to Commissioned Medical Officers of the United States Army, Navy, or Marine Hospital Service in the discharge of their professional duties, or physicians from other States or Territories, who are legal practitioners of Medicine in the States or Territories in which they reside, in actual consultation with legal practitioners of this State under this Act.

SECTION 4403h. Any person practicing Medicine or Surgery in this State, without having first complied with the provisions of this Act as herein provided, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than two hundred dollars (\$200.00) nor more than five hundred dollars (\$500.00), or be imprisoned in the County Jail not less than thirty (30) days nor more than one year, or both fined and imprisoned.

Any person practicing Midwifery within the State without first complying with the requirements of this Act, shall be deemed guilty

of a misdemeanor, and upon conviction thereof, shall be fined not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100.00).

Such fines, when collected, shall be paid one-third to the person, corporation or medical society making complaint or furnishing information, and one-third to the Poor Fund of the County, and one-third to the State Board of Registration and Examination.

It shall be the duty of the Prosecuting Attorneys of the respective Counties to prosecute violations of this Act.

SECTION 3. Said original Section 4403, is hereby repealed.

SECTION 4. This Act shall take effect and be in force from and after its passage.

The above bill is the one agreed upon by the delegates of the Ohio Medical Societies of all schools at the Neil House Columbus Convention of Dec. 21, 1893. All previous efforts at medical legislation in Ohio have been defeated by the introduction of numerous bills. If nothing better can be agreed upon, we hope the profession will unite in securing its passage. "A half loaf is better than no bread."

A STATE PEDIATRIC SOCIETY IN OHIO.

It has been proposed to organize a society of all physicians in the state of Ohio engaged in the study, practice and teaching of the diseases of children. If only those who hold positions as professors or lecturers on pediatrics are admitted to membership the society will not be a large one, perhaps not exceeding fifteen members. But this is not so small for a state organization. The American Pediatric Society limits its membership to sixty. Physicians deeply interested in diseases of children but not engaged in teaching might be admitted, if this was considered by the majority to be a better plan. At present there is no organization of pediatricists in this state; while admitting the good of having societies in any special department of medicine or surgery anywhere, there is no reason why there should not be a pediatric society in the state of Ohio. Such exist in other states and have been found useful. For persons engaged in similar pursuits, and feeling similar interests, to meet on friendly footing and exchange views, cannot but result in mutual benefit. As to whether it is best in the interest of unity of the great profession as a whole to organize bands of special workers sep-

arately from the organizations of the general body, is a question that experience must decide. We hope to see it decided in the way the greatest good may come to the greatest number, and not for the benefit of any selfish clique or class. As to the proposed pediatric society, let those interested express themselves fully and freely, that it may be determined what ought and can be done. Dr. Geo. M. Clouse, of Columbus, is very enthusiastic over the project, and expressions of opinion, suggestions or inquiries addressed to him or to the GAZETTE will be promptly attended to, in order that the wishes of those taking an interest in pediatrics may, as soon as feasible, be crystallized into some definite shape.

ASYLUM VERSUS HOSPITAL.

There is a bill before the House now, presented by Hon. Joseph Breck, asking that the names of all state institutions for the care and treatment of the insane be changed from the word "Asylum" to that of "Hospital" or "State Hospital." We are exceedingly pleased that some progressive mind has brought this matter to notice, for, notwithstanding all of the advancements that have been made during the last fifty years in the care and treatment of this unfortunate class of patients, strange to say, this question has never received attention in the state of Ohio. There is every reason why this bill should pass, if we should be charitable in our acts toward mankind. The history of the care and treatment of the insane in the sixteenth, seventeenth and eighteenth centuries, and even within the present century, is enough to arouse the fear of any sane man, were he to know of the intentions of his friends to place him within the walls of an asylum, much more the insane. Beside the dread of patients and friends in going into an asylum, there is an implied ostracism attending those who have been confined there that the action of this bill will remove.

We believe that patients whose reason has been dethroned would be far more willing to accede to the wishes of their friends in going to a hospital for *treatment* rather than to an asylum for *restraint*; and the sooner the general public recognizes the fact that insanity

is a disease and can be treated rationally, as other diseases, they will see the advantage of this change.

While we do not expect any *immediate* change, we *can* expect that in time, when the word "Asylum" is erased and "Hospital" substituted, that a man or woman who is suffering from mental ailment can go to a hospital for treatment, and upon recovery hold a place in his community without a feeling of disgrace that he has committed some unpardonable sin or the unkind insinuations of his once having been an inmate of an insane asylum.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

MEDICAL DIAGNOSIS. By Dr. Oswald Vierordt, Professor of Medicine at the University of Heidelberg; formerly Private Docent at University of Leipzig; Professor of Medicine and Director of the Medical Polyclinic at the University of Jena. Translated, with additions, from the second-enlarged German edition, with the author's permission. By Francis H. Stuart, A. M., M. D., Member of the Medical Society of the County of Kings, N. Y.; Fellow of the New York Academy of Medicine; Member of the British Medical Association, etc. Third American edition. In one handsome royal octavo volume of 700 pages. One hundred and seventy-eight fine wood-cuts in text, many of which are in colors. Sold by subscription only. Price, cloth, \$4.00 net; sheep, \$5.00 net. W. B. Saunders, Publisher, Philadelphia, Pa., 1894.

A critical examination of this work enables us to speak warmly in its praise. It has the merit of being well written. The style is concise, but lucid and interesting. The matter of a scientific treatise is of far greater importance than the manner. Nevertheless, good writing is desirable, even in medical literature. It facilitates study, for mental provender, like the food that nourishes the body, to be easily assimilated must be agreeably served. The whole book bears the marks of untiring industry, and a determination to treat with thoroughness each subject. Truly Vierordt excels in the difficult art of medical description. His portraitures of disease are drawn by a master's hand. The student or practitioner who has become thoroughly acquainted with these graphic delineations of

morbid phenomena, will find little difficulty in recognizing their clinical types. The author has made the whole realm of practical and scientific medicine contribute to the formation of a work on diagnosis which has no superior, and perhaps no equal, in the English language.

Numerous finely executed wood-cuts, both plain and in colors, are interspersed throughout the text. The index is full and well arranged—an important consideration in any first-class book. Altogether, the work fully justifies the unprecedented demand it has met with since its first appearance but a short time ago, and during which time it has been also translated into the Russian and Italian languages.

AN AMERICAN TEXT-BOOK OF GYNECOLOGY, MEDICAL AND SURGICAL. For the use of students and practitioners. By Henry T. Byford, M. D.; John M. Baldy, M. D.; Edwin Cragin, M. D.; J. H. Etheridge, M. D.; William Goodell, M. D.; Howard A. Kelly, M. D.; Florian Krug, M. D.; E. E. Montgomery, M. D.; William R. Pryor, M. D.; George M. Tuttle, M. D., forming a handsome royal octavo volume, with 360 illustrations in text and 37 colored and half-tone plates. Price, cloth, \$6.00; sheep, \$7.00; half Russia, \$8.00. W. B. Saunders, Publisher, Philadelphia, Pa., 1894. Sold by subscription.

It is only necessary to examine this modern treatise in order to see at once its excellence and real merit, either as a text-book for the student or guide for the general practitioner. Among the list of eminent contributors we note with pleasure the familiar names of Goodell, Byford and Montgomery, a sufficient guarantee in itself as to the value of the work.

The introductory chapters on the examination of the female pelvic organs and the technique of gynecological examinations, together with the concluding article on the after-treatment in gynecological operations, are alone well worth the price of this handsome tome.

The illustrations form a conspicuous feature of the book; besides numerous wood-cuts, there are half-tone and colored plates, mostly original, all of which fully and clearly illustrate the text.

The success of Saunders' series of American text-books was fully assured with the appearance of the first volume, and the subsequent ones in no way detract from that well-earned reputation. No physician's library is complete without them.

AMONG OUR EXCHANGES.

BY L. B. TUCKERMAN, M. D.

In view of the fact that it is generally conceded that operative interference for the radical cure of *hernia* in infants is not to be advised under the age of four years, any method which gives promise of retaining the gut within the abdomen is worthy of attention; for, if the gut be well and continuously retained within the abdominal cavity, its constant growth renders it less and less liable to protrude through the aperture at the ring. DR. W. C. SMITH, of Franklin Grove, Ill., claims excellent results for a method which can be best described in his own words: He says "I have cured a goodly number of cases of hernia, both inguinal and umbilical, in infants, and as I use no truss and as my method is simple and cheap, I will give it, hoping it may be of benefit to some of the brethren. It is simply to make a round ball of bees-wax large enough to completely fill the ring, then cut the ball completely through the center; you then have two pieces of equal size, with one oval and one flat surface. Now reduce the hernia, and place one of the pieces of wax in the ring with the oval side down, and if you return the gut all well up into the abdomen the top flat surface will be on a line with the skin. Next take a piece of rubber adhesive plaster two or three inches square, and place over the hernia, being careful that the wax is about the center of the plaster. Now have the mother put on the diaper, and then fold a napkin and place under so that it will make firm pressure on the ring. This appliance can be worn until the plaster comes off, and then replace it with another plaster. If the hernia is umbilical, a bandage around the body can be worn, with the napkin compress. The point of advantage this method has over trusses is that it always stays where it is placed (if properly applied), does not irritate, and almost always cures the hernia if

applied before the child is old enough to creep or walk." He cites cases in evidence of the truth of his claim. It is well to bear in mind, however, that there are skins which are intolerant of beeswax, and which are excoriated by it. In such cases a ball of absorbent cotton cased in gutta percha tissue and fastened on with rubber plaster, as above described, will answer every purpose. New uses for old and well known articles in the pharmacopea are always to be welcomed, and are fully as valuable additions to the therapeutic resources of the profession as the discovery of new drugs for old uses. In this line the researches of DR. HOMER C. BLOOM, of Philadelphia, Pa., on *emmenagogue* and *oxytocic* action of oxalic acid are of especial interest, owing to the fact that he has come to regard it as the surest emmenagogue we can employ.² Having noticed some two years ago in some foreign journal the suggestion that oxalic acid might possibly prove of value in *amenorrhœa*, he proceeded to test it in a series of obstinate cases, where the ordinary routine treatments had proven unavailing. The first case was that of a well-developed girl of eighteen, who had never yet menstruated, notwithstanding the fact that for three years she had had all the premonitory symptoms of puberty, with the periodic symptoms customary in such cases, often distressingly severe. The following prescription was ordered: *R*.—Acid, oxalic, grs. viij; aquæ, syr. limonis, aa fd ʒij—*M*. Sig., teaspoonful four times a day. After taking the medicine three weeks, the girl reported that during the previous week she had seen her menses for the first time. They had lasted one day and a half, were free from pain, the flow soiling three napkins. She continued the medicine five weeks more, during which time and thereafter menstruation appeared every twenty-eighth day, painless, and lasting about three days, with flow normal in quantity. The second case was an unmarried Irish girl twenty-five years of age. She had been perfectly regular in her menses prior to coming to this country, but, as now and then happens, she never saw them after the voyage over, though there was a monthly return of backache, headache, flushes, etc., and she complained of her head "having too much blood in it." She was well nourished

2. Medical News, October 14, 1893.

and of good physique, and was bright and intelligent. Oxalic acid in quarter-grain doses four times a day ; and after taking the drug for four weeks, she reported that her monthly illness had come on for the first time. She was entirely relieved of her unpleasant symptoms and was "regular" thereafter. Out of twelve cases similar to the foregoing, in which amenorrhea had existed from six months to three years, there were but two cases in which oxalic acid used as described failed to bring about a return of the menses, and in those two there was evidence of pulmonary trouble. Three of the cases were markedly chlorotic. In two, the oxalic acid alone acted promptly ; in the third, anemia was so profound that it was found necessary to use iron in various forms before improvement took place. Good results followed the administration of oxalic acid in several cases of scanty menstruation, in others there was no appreciable effect. In suppression of menses near the menopause, accompanied with the usual disagreeable nervous symptoms, the use of oxalic acid was followed by decided improvement in several cases, but in the majority of cases there was no appreciable effect. The oxytotic and ecbotic action of oxalic acid was accidentally discovered. DR. BLOOM had prescribed the drug in a case of scanty menstruation, where he had not suspected pregnancy. The patient aborted a two month's foetus after taking the medicine two days. A similar result occurred in the hands of DR. BALDY, and the patient returned and requested the same prescription, "as it was one of the best she had ever taken to get rid of the unwelcome products of sexual intercourse." These cases led DR. BLOOM to use the drug as an abortifacient, where it was necessary to produce an abortion, and where, owing to the condition of the patient surgical means were contra-indicated, except as a last resort. He reports two cases, one of chronic pulmonary trouble, where the nausea of pregnancy threatened life, and another where a large suppurating carcinoma of the left breast, involving also the axillary and contiguous glands. gave no hope that the patient could live till the foetus was viable. In these cases quarter-grain doses of oxalic acid in solution, every three or four hours was followed by abortion in about three days, and that without unpleasant sequelæ. To sum up the result of DR. BLOOM's trials of the drug, it would seem

that oxalic acid used as he describes, is worth a thorough and careful trial at the hands of the profession, as an emmenagogue in cases of delayed or suppressed menstruation, especially in the period of life at or near puberty, and as an abortifacient, where surgical interference is unadvisable,—but before deciding upon its use as an emmenagogue, pregnancy should be carefully excluded.

NOTES AND COMMENTS.

Dr. R. Harvey Reed has moved from Mansfield, Ohio, to Columbus, Ohio.

The First Annual Meeting and Banquet of the Cleveland Medical Society was held at the Hollenden, Friday evening, January 12. The following officers were elected : President, Dr. W. H. Humiston ; first vice-president, Dr. O. B. Campbell ; second vice-president, Dr. W. E. Wirt ; treasurer, Dr. N. Stone Scott ; recording secretary, Dr. O. Thomas ; corresponding secretary, Dr. J. E. Cook ; librarian, Dr. J. L. Hess ; censors, Dr. J. F. Armstrong, Dr. X. C. Scott, Dr. Herman Bauer, Dr. A. F. House, and Dr. E. G. Carpenter. Music was furnished by the South Side Mandolin Club.

The following members and guests of the society were present :

Dr. J. A. Heath, Dr. J. F. Armstrong, Mrs. A. M. Armstrong, Dr. E. W. Hill, Mrs. S. M. Hill, Dr. W. E. Bruner, Dr. and Mrs. Percy Maxwell Foshey, Dr. and Mrs. Harold T. Clapp, Dr. and Mrs. O. D. Campbell, Miss Campbell, Dr. W. W. Holliday, Mrs. T. M. Sabin, Dr. and Mrs. J. S. Hess, Dr. and Mrs. J. Sykora, Dr. and Mrs. W. H. Capener, Dr. and Mrs. George O. Butler, Dr. and Mrs. A. F. House, Dr. and Mrs. P. J. Wenner, Dr. C. B. Parker, Dr. and Mrs. A. J. Brackett, Miss Eva Brackett, Mr. and Mrs. Frank H. Emerson, Dr. and Mrs. V. C. Lucas, Dr. Albert R. Baker, Dr. N. Stone Scott, Dr. I. I. Brown, Dr. R. T. Edison, Dr. I. W. Brown, Dr. P. F. Bauers, Dr. and Mrs. H. W. Quirk, Dr. H. F. Acker, Miss Lotta Fay, Dr. W. H. White, Miss Lily White, Dr. and Mrs. W. J. Esch, Miss Lena Urban, Dr. Henry W. Lambert, Miss Defarra Heath, Mrs. M. Heath, Dr. J. J. Nungesser, Dr. Carl A. H. Anderson, Dr. H. J. Herrick, Dr. E. P. Crowe, Dr. W. F. Brokaw, Dr. G. A. Ehret, Dr. J. Friedmann, Dr. J. M. Lewis, Dr. J. F. Hobson, Dr. F. L. Thompson, Dr. F. W. Daykin, Dr. M. J. Casey, Dr. C. S. Ward, Warren, O.; Dr. R. D. Gibson, Youngstown, O.; Dr. G. A. Orwig, Dr. J. J. Thomas, Dr. J. M. Ingersoll, Dr. C. A. Hartman, Dr. Cullen F. Welty, Dr. J. S. Campbell, Dr. H. H. Fisher, Dr. Joseph Cook, Dr. W. T. Cor-

lett, Dr. H. S. Straight, Dr. S. D. Brooks, Colonel J. A. Smith, Dr. and Mrs. H. W. Rogers, Dr. and Mrs. C. J. Aldrich, Dr. Geo. F. Glass, Dr. Lillian S. Pratt, Dr. Hattie B. Glass, Dr. J. F. Havlick, Dr. F. J. Morton, Dr. F. A. Payne, Dr. M. J. Parke, Dr. F. S. Clark, Dr. H. B. Herrick, Dr. A. S. Elliott, Dr. H. C. Long, Dr. W. A. Knowlton, Dr. George N. Watson, Dr. W. A. Hosick, Dr. D. S. Hanson, Dr. C. W. Smith, Dr. and Mrs. M. Rosenwasser, Dr. S. E. Kaestlen, Dr. Clark Townsend, Dr. H. M. Hovey, Dr. L. B. Tuckerman, Dr. H. G. Sherman, Dr. D. S. Perkins, Dr. B. O. Coates, Dr. E. G. Carpenter, Dr. J. C. Taylor, Dr. J. T. Kepke, Dr. and Mrs. Thomas A. Burke, Dr. and Mrs. F. H. Durstine, Dr. Hermann Bauer, Dr. X. C. Scott, Dr. Oscar T. Thomas, Mrs. Belle Holliday, Dr. T. M. Sabine, Dr. and Mrs. Carl H. Von Klein, Dr. A. Miller, Dr. and Mrs. J. Craft, Dr. William H. Humiston, Dr. A. F. Spurney, Dr. G. R. Feil and Dr. R. Bell.

Dr. J. E. Cook, chairman of the committee of arrangements, presided as toast-master. Dr. W. J. Scott, the retiring president, delivered his annual address. Dr. W. A. Knowlton responded to the toast, "Nostrums," in his usual happy manner. "The Specialist in Medicine" was responded to by Dr. H. G. Sherman, and "Common Sense in Medicine" by Dr. H. J. Herrick. "Medical Organization and Professional Solidarity" was responded to by Dr. L. B. Tuckerman, and Dr. C. B. Parker to "The Future of the Society." Several impromptu toasts were called for, and the evening's entertainment closed with a recitation by Mrs. T. M. Sabine, of Warren, Ohio.

The Breeding-place of Neurologists.—In his opening address as chairman of the Neurological Section of the Pan-American Medical Congress, Dr. Hughes gives an extended review of the contributions of American workers in this branch of medicine. He shows that Dr. Benjamin Rush taught that inebriety was a disease. The idea lay long dormant, but finally it was recognized and developed until the causation, pathology and treatment of this disease is tolerably well understood. Having given in brief America's record, he says, "America breeds and develops neurologists as the water breeds and develops fishes. The pabulum neurology feeds upon is in the American people—their hustling, rushing habits, their business, professional, social and political environment and the numerous newspapers they read before breakfast and every night before they forget to say their prayers. This moral, political, social and business atmosphere of ambition and bustle tends to develop the strongly endowed neurologically and psychologically, as it tends in the weakly endowed to the development of neuropathic conditions. It develops neurologists and psychologists to care for the neuropaths. It builds and breaks the nervous system. It cannot be said that we are a neuropathic people, though we are tending that way; but neurology is advancing with equal pace with neuropathic breakdown, and will,

it is hoped, ultimately enlighten and save the people from their neuropathic sins." Thus the food upon which neurologists thrive is the physiological sins of the American people. As these are great, so do neurologists grow fat and rich in this world's possessions.—*American Lancet*.

Tobacco and the Diplococcus Pneumontæ.—Tobacco, under certain conditions, seems to be antagonistic to the coccus of pneumonia. Dr. Welch has shown at the laboratory of the Johns Hopkins Hospital, says the Journal of the American Medical Association, that the action of tobacco smoke on bacteria, as the smoke is drawn through the culture tube, is inhibitory. There was formerly a medical worker in this laboratory who had always in his buccal secretion the diplococcus pneumonæ, and who was able to supply the other workers with samples for cultures. But after a time this physician began to chew tobacco, and no more cultures could be got from his saliva, for the tobacco had exterminated the micro-organism.—*The N. Y. Medical Journal*.

The editor of the Buffalo Medical Journal, commenting on the Pennsylvania Board of Medical Examiners, says of the New York Board as follows: "The situation, fumed at by charlatan, fretted over by frightened student, and fought against by some college professors, has now become a matter of fact, and we hear of no other than the barnacle that fattens in the absence of restraining influences, who is willing to return to the old order of things which existed so many years." The same fuming, fretting and opposition has occurred in this state, and will be followed, without a doubt, by the same salutary fruits of the enforcement of the requirements of the law that resulted in New York.—*The Pittsburg Medical Review*.

Ohio Medically Considered.—Dr. G. M. Clouse of this city has compiled the following not uninteresting statistics: Ohio has more medical colleges than any other state in the Union, viz., 18. Then follow Missouri and Illinois, each with 17, and New York with 16. There are 176 in the United States. The oldest college in the state is the Medical College of Ohio, in Cincinnati, which was organized in 1819. This is also the oldest college west of the Alleghenies and the sixth in age in the United States. The Medical Department of Harvard is the oldest in the Union, having been organized in 1782.

Cincinnati has six Regular, two Eclectic and one Homœopathic college; Cleveland two Regular and two Homeopathic; Columbus two Regular; Lebanon one Regular; Mentor one Electropathic; Toledo one Regular.

Of the 234 medical journals published in the United States, Ohio has 14, being excelled in point of numbers by four other states; New York leads with 52.

Of the 1260 medical societies in the United States, Ohio has 90, being exceeded by only two other states; New York has 175. The

oldest medical society in the state is the Lebanon Medical Association, which was organized in 1837. Next comes Clarke County Medical Society, organized in 1843, and the State Medical Society, organized three years later.

There are 1280 hospitals in the United States, and 120 insane asylums. Ohio claims 55 hospitals and 7 insane asylums. New York has 260 hospitals, and Wisconsin leads with 11 insane asylums.

The average death rate of Ohio is 13.57 per 1,000, which is .66 above the average in the United States. The entire Atlantic slope shows a much larger death rate than any other part of the Union.

Ohio has 6,240 doctors, or about one physician to every 590 inhabitants. Cincinnati has 640—one to every 460 inhabitants; Cleveland has 550, one to every 500; Columbus 260, one to every 360. Taking the Columbus city directory as our guide, we find an average of 425 inhabitants to each physician. New York City alone contains half as many physicians as does the entire state of Ohio.—*Columbus Medical Journal*.

A Medical Society Report.—A British journal has published the following:

ROYAL PIMPLE CURING SOCIETY.

Dr. Makem-Pay, President, in the Chair.

Dr. Cutemout related the case of a patient who had for some years past suffered from a very painful and interesting complaint. Not having the notes of the case before him, he was compelled to speak from memory; and unfortunately the symptoms had long since been forgotten. The etiology of the disease was very obscure, and he proposed to deal with this more fully on a subsequent occasion. As to treatment, he had found it necessary to employ a great number of remedies, and when last seen the patient reported himself as improving—he was unable to say under which particular treatment. He had since lost sight of the patient, and could not, therefore, say whether the improvement had been maintained. Dr. Swinden expressed the great interest he took in the case so clearly brought before the society, and asked for further details, particularly as to whether the bowels were regular. Dr. MacAdamised said he had met with a similar case in his private practice, in the person of a wealthy American gentleman who, after having been treated by all the leading specialists of Europe and America, recovered in the course of three days in his private hospital at 24 Pignony Street, W. Mr. Herringfry proposed a vote of thanks to the author for his interesting paper.—*Medical Record*.

The Woes of Infants.—There are few points on which the doctrine of the liberty of the subject is carried to such extremes as in regard to the treatment of infants. "Shall I not do as I will with mine own?" and what is more a woman's own than the baby she has borne? And so it happens that, under the cloak of mother's

love and maternal responsibility, cruelty is done and crime committed which in no other relation of civilized life would be permitted for a moment. Every week we receive reports of inquests on infants who have been "done to death" by the indifference, the carelessness, the ignorance of mothers; and these do but represent the more flagrant cases—a mere percentage, it is to be feared, of the preventable infantile mortality of the country. The sour and fetid feeding-bottle; the carelessly cooked and improper food; the giving out to nurse to reckless people, whose only aim is to gain as much and spend as little as may be over the unfortunate hired-out infant; the dosing of the sickly, and therefore fretful, child with poisonous infants' preservatives; the final overlying during drunken slumber—all these are modes of torturing and killing infants, which are excused as due to ignorance and not to crime. These forms of child murder—done calmly, coldly, and with acquiescence, if not calculation—but rarely meet with punishment, while often earning the solid consolation of the insurance agent; and yet the poor woman who unexpectedly becomes a mother, and, aghast at the horror of her position, with brain blanched by hemorrhage, and with mind incapable of intent, throws her child, in an excess of wild terror, into a ditch or down a privy, she, poor wretch, is held guilty of murder. Surely the parents who bring into the world child after child, only to lose them by diarrhoea, marasmus, convulsions, rickets, and other diseases due to ignorance and neglect, are guilty in greater degree. It ought to be recognized that woman's work during the child-bearing period of her life is to look after her children, and that the proper way is to suckle them. To rear children artificially with safety requires more time and care than does mere suckling, but it is for the very sake of saving time and lessening care that nursing is neglected, and, in a large proportion of the cases, this is the root of children's ailments. We suppose it is idle to preach on this text, it has been done so often and with such small avail. Probably the cheapness of female labor is at the bottom of a great deal of the mischief. However slack the trades of men may be, there is almost always work for women if they will take the price, which they mostly do; and thus we see the absurd spectacle of women, in the intervals of bearing and burying a tribe of children, sewing, charring, washing, or going to the factory, besides keeping the house together, working for the purpose a daily sixteen hours, while the lords of creation are doing perhaps three days' work a week, or perhaps are out on strike for an eight hours' day. And yet women marry! Evidently we are suffering from a want of correlation between the evolution of man and the progress of what we are pleased to call civilization. New conditions require new men; whereas man still retains within him the instincts of the savage, which are sexual. The man of to-day ought not to marry until he has reached a time of life when he has been able to put by for a home; and those who know how far man yet is from such perfection will recognize how

many woes the babies of the future are likely still to bear.—*The Lancet*.

Tribute to Dr. Abraham Jacobi.—American scholarship has received a flattering recognition from the savants of the Old World in the invitation recently extended Dr. Abraham Jacobi of New York, to take the chair of pedology in the University of Berlin. This professorship has been ably filled for a period of twelve years by Dr. Hanroch. The offer was received by Dr. Jacobi in the latter part of October, and his answer declining to accept the place was sent the same day by telegraph.

Dr. Jacobi, who was seen at his home, 110 West Thirty-Fourth Street, by a *Tribune* reporter, said in speaking of the proposition:

“I received a letter about five weeks ago informing me that, out of a number of scientific men, I was chosen to take Dr. Hanroch’s place as professor of pedology in the University of Berlin. Associated with this function is the children’s clinic at the Charite Hospital, which is the great charitable hospital of Berlin. I immediately sent a message of declination by cable. It was without a doubt a great honor, but I was inspired to refuse the offer because I am an American citizen, and do not care to change my citizenship. Besides that, I have my work to do here, and although the offer was a flattering one, still I could not leave a country where I have been so kindly welcomed and so cordially received as I have been here.

“I am bound by every tie of gratitude and affection to remain where I am. You will understand what I mean when I tell you that forty years ago I came to this country a poor boy, for I was not much more than a mere boy then. I had been imprisoned in Prussia for the part I took in the political revolution which swept nearly over the whole of Europe in 1848. I had nothing but myself and my profession. I became a naturalized citizen five years after my arrival here. From the first I was kindly received by the members of my profession. Almost every position of honor and esteem within the power of the profession to bestow has been given me, and I am grateful. I have been very happy here in the land of my adoption, and nothing which could be offered me abroad could be a greater source of delight or honor than I have received from my profession here. Since my reply declining the place has been received at Berlin, I have received a number of letters urging me to reconsider my refusal. But I am contented and happy here in New York. I would have nothing especially to gain by accepting, and much to lose.

“I look upon this offer as significant of two things: first, it proves the universality of the scientific brotherhood; it shows that among men of science there is no question of nationality. Second, it shows that there is something in American scholarship worthy of the recognition of the best scientific minds of the world. If it were some

other American besides myself, I would feel disposed to glory over the honor."

Dr. Jacobi was born in Hartum, Westphalia, in 1830. He studied at the Universities of Griefswald, Göttingen and Bonn. From the latter university he received his degree. For taking part in the revolutionary uprising he was convicted of treason and confined in the prisons of Minden and Bielefeld till the summer of 1853. After his discharge Dr. Jacobi went to England, and in the following autumn sailed for New York, where he has since practiced his profession.

In 1861, Dr. Jacobi became Professor of Diseases of Children in the New York Medical College, and later, had the same chair in the Medical Department of the University of the City of New York. In 1870 he was made Clinical Professor of the Diseases of Children in the College of Physicians and Surgeons, which chair he still holds.—*The Journal A. M. A.*

Socialism in Medicine.—Nationalization and centralization have of late made rapid strides in medicine. The position of the physician as a private person is more and more encroached upon, and it is not an idle speculation or theoretic dream to say that if the present methods continue to increase as they have done in the past, the physician of the future will be an officer of the state or of the city, duly appointed and salaried as such. Little by little the work of attending to the sick is being taken up by the community, whether Federal, state, or municipal in nature, by institutions endowed with public moneys or by private or semi-public corporations. The city officials provide vaccination at the public expense, performing in Philadelphia on an average 11,000 a year, and thrice that number in times of epidemics. The Municipal Hospital of the same city is called upon to admit cases of diphtheria, scarlatina and measles, and during last year's epidemic 183 cases of diphtheria and 159 cases of scarlatina were treated in its wards. With increased facilities a much larger number will be admitted.

The state already possesses six hospitals of its own, not including the hospitals for the insane. These state hospitals are situated in the coal regions and are supposed to care for the injured miners. If the state attends to the health of injured miners, why not have hospitals for the ironworkers, for railroad employees, and finally for tailors, bakers, and all the rest? All are equally entitled to these privileges. Instead of establishing individual institutions, the state endows those already existing; the last legislature appropriated \$200,000 for sixteen Philadelphia hospitals.

There are 35 large hospitals in Philadelphia, having a bed-capacity for 4,500 patients, and the total population of these institutions on September 30, 1892, was 2,600. The total receipts of 30 of these hospitals, not including the Philadelphia Hospital and the Municipal Hospital, were, for the year 1892, over \$1,400,000; the total

expenditures for the same period were \$1,300,000. Only 20 hospitals received payments from patients, amounting in all to \$160,000; for the rest of their expenses they were dependent upon public and private charity. Moreover, these institutions are in reality not used by the very poor, who must be crowded into the old Philadelphia Hospital. It is chiefly the middle classes that are admitted, many of them belonging to special religious denominations.

Surgery is mostly carried on in institutions. Formerly the young doctor had a chance of being called to attend an accident case happening in his neighborhood. Many a physician has won his way into a fair practice through the skill shown in such emergencies. But to-day the patrol-wagon or the ambulance is as speedily obtained as the nearest doctor, and the case is whirled off to the hospital. It is treated in the dispensary if a slight case, or sent to the wards or a private room, according as the financial condition of the patient seems to warrant. We have known rich men to pay twenty-five dollars a week for a private room in a general hospital, and demand extra attention of resident and visiting physicians without ever thinking of remunerating one or the other.

Cases of enteric fever, owing to the more complicated treatment, viz., the Brand method, are more and more coming under hospital supervision, and even the young physician is very likely to send his patients to an institution if he finds it difficult to carry out the details of the treatment at home. There were 2,300 cases of typhoid fever reported to the Philadelphia Board of Health in the year 1892; and in *The Medical News* of November 25, 1893, Dr. J. C. Wilson reports seventy-four cases treated at the German Hospital in one year. If other large hospitals show similar statistics, we deduce that over one-third of all cases of enteric fever are cared for in public institutions.

Specialism is largely attended to by the dispensary clinics. The eye, ear, nose and throat departments are always crowded, and usually by the better classes. Costly underwear is not infrequently seen in the gynecologic out-patient departments.

The great rivalry existing between the institutions, and the readiness with which the public is willing to receive something for nothing, whether in need of it or not, make the free dispensary an object of great abuse. The poor, for whose benefit it is supposed to exist, are crowded and tired out by the more leisurely class, who come early and have nothing to lose by waiting. It cannot be doubted that the dispensary greatly injures the family physician, whose advice was formerly asked for and remunerated by a large number who now regularly attend the special clinics. Even obstetrics is becoming institutional, and the eleven lying-in hospitals and schools of Philadelphia attended in 1892 to 1,200 confinements.

But not only in practical medicine is this centralization noticed. Scientific experts are in the employ of the government and state to study disease and how to prevent it, both at home in laboratories

and experiment stations and abroad as government commissioners. If Surgeon-General Sternberg's plan of army and navy medical schools succeeds, may it not be followed by a national medical college at Washington, properly endowed by the government?

If the state now contributes moneys to medical colleges, why shall it not concern itself about the expenditure of such grants, and hence have a voice in the management? It is but one step further to complete control.

But not only will college hospitals be under government supervision, but likewise all hospitals if they receive financial aid from the public.

The Philadelphia Hospital suffers greatly from want of space, while elegant monumental buildings, erected to glorify some individual, or set of individuals, beg for state aid, and have many of their beds empty. One hospital asked for \$200,000 of the State Board of Charities to aid in the erection of a new building—a request very properly refused.

The country physician is likewise beginning to suffer from this centralization. The rich, and even middle class, often go to the nearest city in search of medical, and especially surgical advice. The hospitals usually become their resting-place, but having a letter to the hospital surgeon, the latter usually brings in a bill for his services. One prominent surgeon has stated that were it not for such practice referred to him from the country, he could hardly pay his living expenses.

We see, therefore, that while the family physician first suffered from specialism, both he and the specialist are now suffering from institutionalism and paternalism, and that very soon the only remunerative work in medicine will be that coming from public position, either directly or indirectly. In the meantime the hospital visiting surgeon or physician should demand payment for his services, and if the profession will unite in this demand it must be acceded to, for the hospital cannot exist without the physician.

Private patients should be compelled to pay for medical services, and at clinics and dispensaries some charge for services should be made, except in certain cases. It is as pauperizing to a community to give gratuitous medical service as it is to give free bread.

In every-day practice we are very careful how, by word or deed, we injure the interests of our brethren in the profession. Let us not forget when we become attaches of hospitals that our brother still exists, and that every action of ours countenancing the present indiscriminate methods of squandering medical charities not only greatly injures him, but also pauperizes the recipient and tends to make medicine itself secondary to a board of laymen who receive all the praise and credit.—*Medical News*.

Vivisection of Criminals.—No more morbid and shameful perversion of the spirit of experimental investigation has been proposed

than Dr. J. S. Pyle's "Plea (Tri-State Medical Journal, i, 1, p. 5) for the Appropriation of Criminals (convicts?) Condemned to Capital Punishment to the Experimental Physiologist." This inhuman fantasy contemplates nothing less than the removal of the laboratory of experimental psychology to the dungeon of the convict, followed by the ardent psychologist and pseudo-surgeon. The convict is assured that his execution is now placed in the friendly hands of the psychologist, representing the medical profession. This death is to be made to add to the knowledge of man, and secure an advance of the curative art. Having been assured that the execution will be devoid of physical pain and the experiences of the gibbet, the convict is anesthetized, and the whole, or part, of the calvarium is removed. The anesthetic is then arrested; and after any uncomfortable effects which the drug has produced have passed away, and the convict is again in a normal condition, the various "centers" of the brain are "excited," and the convict being in a peaceful and observing frame of mind, recounts his experiences to the stenographer of the occasion, or runs them onto a phonograph. Then the experiments being ended, the hypodermatic needle is used, and the convict sinks into the long sleep under the "stimulation" of the "center" of greatest physical pleasure.

There are men who deny the right of society to take life at all. There are men who are pained at the presence of medical men at executions, and especially at the experiments which notoriety-mongers pretend to undertake; but a very much larger class would protest against any law or laws contemplating such an unholy alliance between the laboratory and the dungeon.

The mere suggestion is revolting, and equally unbecoming a medical man and the medical press. The recommendation shows how little the author has considered the standing of the medical profession in the eyes of the community, the rights of man, the conduct of courts, the value of experiments on animals, and the perspective of the needs of life.—*Medical News*.

The Four Years' Course of Medical Study.—The trustees and faculty of Rush Medical College have given notice to the secretary of the American Medical College Association that at the next meeting they will introduce a resolution requiring all students who begin their studies in the fall of 1895 to attend four full courses of lectures in the Medical College of not less than six months each, providing that graduates of all literary and scientific colleges of good standing shall be allowed to graduate in three years, and providing that graduates of dental colleges requiring three full years of study may be allowed to graduate in two years; and that graduates of dental and pharmaceutical colleges requiring only two years of study may be allowed to graduate in three years in the medical college.

Good! But the semester should be, "not less than eight or nine

months" instead of "not less than six months." It is no kindness to the lobster to put him in cold water and bring the temperature slowly up to the boiling-point. The more speedily and frankly we accept the inevitable, the better.—*Medical News*.

Prevention of Blindness.—It is proposed to have the following or a similar law enacted this winter if possible :

The people of the state of Ohio, represented in Senate and Assembly, do enact as follows :

SECTION I. Should one or both eyes of an infant become inflamed or swollen or reddened at any time within two weeks after its birth, it shall be the duty of the midwife or nurse having charge of such infant, to report in writing within six hours to the health officer or some legally qualified practitioner of the city, town or district in which the parents of the infant reside, the fact that such inflammation or swelling or redness of the eyes exists.

SECTION II. Any failure to comply with the provisions of this Act shall be punished by a fine not to exceed two hundred dollars, or imprisonment not to exceed six months, or both.

SECTION III. This Act shall take effect on the — day of —, eighteen hundred and ninety—.

Whittaker's text-book on theory and practice may be said to occupy a similar relation to medicine that Senn's great work does to surgery. The book is particularly opportune, as the important subject of bacteriology, which it so ably discusses, is awakening a deep interest not only in the profession but among the laity as well.

A Four Years' Course at Jefferson Medical College.—At a meeting of the faculty of Jefferson Medical College, held on January 8, 1894, it was unanimously resolved to institute a compulsory four years' course with the session of 1895-'96.

This step was taken in order that the large clinical service of the Jefferson College Hospital (three hundred and fifty cases a day) might be utilized to the fullest extent in carrying out the desire of the faculty to provide advanced medical education of a practical character.

Higher Medical Education.—In pursuance of the policy recently announced in the resolution to be presented to the American Medical College Association, the trustees and faculty of Rush Medical College have decided to require four years' attendance at college from students who begin the study of medicine this year with a view to graduation in 1898; however, those who have already studied medicine one year or more with a preceptor, so that the four years of study, already required, will be completed before July, 1897, may graduate after three courses of lectures as heretofore. To encourage proper preliminary study, graduates in arts and sciences from high grade colleges, and graduates in pharmacy and den-

tistry from colleges requiring a proper amount of study and two full courses of lectures, will, until further notice, be allowed to graduate after an attendance on only three courses of lectures.

The faculty of the Medical College of the Western Reserve University cordially invite all practitioners of medicine to attend the lectures and clinics of the college during the week January 22d to 29th next, without charge.

The clinics in medicine, surgery, eye, ear, nose and throat, nervous diseases, diseases of the skin, genito-urinary diseases and diseases of women, in both the dispensary and hospital service, are full in number and variety of cases.

The lectures in physiology, pathology, materia medica and medicine will, it is believed, be found entertaining and refreshing to those in active practice. All are cordially invited to make such use of the opportunity as their convenience or interest may direct.

G. C. ASHMUN, Secretary of Faculty.

Meat Eaters.—Many races of men live entirely on animal food, and these are the most hardy, and, from all I have been able to gather on the subject, the most free from diseases of all kinds. Sir Francis Head says of the Pampas Indians: "They are all horsemen, or, rather, pass their lives on horseback. In spite of the climate, which is burning hot in summer and freezing in winter, these brave men, who have never yet been subdued, are entirely naked, and have not even a covering for their head. They live together in tribes, each of which is governed by a cacique, but they have no fixed place of residence. Where the pasture is good, there are they to be found until it is consumed by their horses, and they then instantly move to a more verdant spot. They have neither bread, fruit nor vegetables, but they subsist entirely on the flesh of their mares."

Describing the effect on himself in this diet, Sir Francis says: "After I had been riding three or four months, and I had lived on beef and water, I found myself in a condition which I can only describe by saying that I felt no exertion could kill me. Although I constantly arrived so completely exhausted that I could not speak, yet a few hours' sleep upon my saddle on the ground always so completely restored me that for a week I could daily be upon my horse before sunrise, could ride till two or three hours after sunset, and have really tired ten or twelve horses a day. This will explain the immense distances which people in South America are said to ride, which I am confident could only be done on beef and water." The gauchos of the Argentine Republic live entirely on roast beef and salt, scarcely ever tasting farinaceous or other vegetable food, and their sole beverage is mate', or Paraguay tea, taken without sugar.

—*The Gentleman's Magazine.*

Why Good Swimmers Drown.—The Northwest Lancet says there is nothing in a cramp in the leg to prevent an ordinary swimmer supporting himself in the water by his hands or on his back, not to throw up his hands and sink. It attributes the cause to perforation of the ear drum. The access of water pressure occasions vertigo and unconsciousness.

No "Sun-down" Medical Students.—The *Sun* has made a fitting answer to the following query :

"Will you please inform me if there is a medical school in New York, in which the lectures for the first year are given in the evening, or any time after 3 P. M.?"

DUFFY."

The *Sun's* reply is as follows : "Duffy, you and dozens of other 'would-be' doctors think you can study medicine in the happy-go-lucky way the law-pills study law—lectures in the afternoon, office work in the morning. You must give up that idea at once. Medicine requires twenty-five hours out of twenty-four, and more on Sundays and holidays. The lectures in every medical school are given when the professors and lecturers can find time for them. They're given in the morning, and in the afternoon, and in the evening, and some of the private 'quizzes' begin at 10:30 or 11 P. M., and stop in time to get ready for breakfast, if you dress quickly. Now, Duffy, if you ask because you think medicine is a snap like these afternoon law schools, you'd better keep out of it ; but if you can stand the pace, and ask simply because you are ignorant, why, go ahead, with good health and hard work you may get your license to 'kill, kill, kill, kill, kill.'"—*St. Louis Clinique*.

Medicine for Revenue Only.—The biographical accounts of the recently deceased manufacturer of "Green's August Flower" throw an interesting light on the development of a patent medicine business.

Mr. Green, who in the later years of his life was always called "Doctor," started as a New Jersey farmer, but abandoned the farm to sell clocks through the southern part of that state. By industry and thrift he thus accumulated several thousand dollars, and with this introduced the nostrum which bore his name. After having turned over to others the active management of the business, it is stated that his annual royalty amounted to \$40,000.

The business success of such a life, of course, depends on certain business qualities as well as on the ignorance and credulity of the community, and where one such vender of nostrums succeeds, hundreds meet with comparative failure.—*The Philadelphia Polyclinic*.

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ORIGINAL ARTICLES.

GASTRO-ENTEROSTOMY.*

BY N. STONE SCOTT, M. D., CLEVELAND, O.

When our secretary telephoned ten days since, asking if I could have something ready for to-night, I told him that I would report a case of gastro-enterostomy. The following remarks were simply intended as an introduction to the case, and not as a complete *resume* of the subject.

Two distinct and entirely separate types of disease, malignant and non-malignant, cause stenosis of the pylorus or of the first portion of the duodenum. The typical symptoms are vomiting recurring with more or less regularity, a dilated stomach, obstinate constipation, and loss of flesh. Considering these symptoms more in detail, we find that the vomiting occurs when the stomach is full; in cases of long standing every day or every second or third day, according to the amount taken into the stomach. The material ejected, in some instances, will be a gallon or more at a time, and contains undigested particles of food taken some time previous, even as long as several weeks or months. One case coming under my observation vomited up the tough part of an orange, which the patient was positive he ate at least five months before. The material in the stomach furnishes all the requisites of fermentation, and is there-

*Read at the Cleveland Medical Society, January 26, 1894.

fore always intensely sour; this can be partially corrected by antacids and lavage, but speedily returns if treatment is intermitted. Dilatation and hypertrophy of the stomach progress in proportion to the degree of the obstruction and the length of time it has existed. A case which I operated, some two and a half years since, had been vomiting at regular periods between three and four years; her stomach filled the abdomen, reaching to the symphysis, with walls one-half inch thick, while the abdominal walls were but one-quarter inch in thickness. Constipation in these cases is as a rule very marked, and is due to the fact that but little material enters the bowels, and that of a liquid consistency.

The differential diagnosis in inflammatory and malignant cases cannot be made with any degree of certainty where the vomiting has existed less than one year. Pain is more apt to be present in malignant disease, but is often absent, while both classes suffer from mechanical over-distension of the organ, due to the material ingested or to the formation of gas. Constipation is equally present in either form, and loss of flesh is secondary to the malnutrition.

Cachexia is also a most unreliable symptom; well marked cases of late, malignant disease, it is true, present a characteristic bloodless, greenish yellow hue; yet the non-malignant cachexia is so nearly identical in every respect that even the elect will be misled if they put their trust in this most uncertain sign. Dilatation is mechanical and is present in both forms of disease.

A few years since the presence or absence of free hydrochloric acid in the material contained in the stomach was supposed to be a means of differentiating between malignant and non-malignant disease; but this, while of assistance, cannot be relied upon, since hydrochloric acid is absent in other than malignant disease, and at times is present in malignant cases, although always in diminished quantity.

A tumor is characteristic of malignant stenosis, while it is the exception in inflammatory. It may be located in any part of the abdomen, and often shifts its position, being found now to the right and again to the left of the median line. The presence or seeming absence of a tumor in the pyloric region is, however, of little diagnostic value, for, if it be a neoplasm, it may become adherent early

and not be felt even under chloroform, being hidden under the liver. Inflammatory cases, on the other hand, sometimes present tumors of considerable size. A case which I exhibited to the Cuyahoga County Medical Society in December, 1892, had a tumor in the region of the pylorus the size of a goose egg, which was diagnosed, prior to the operation, as adherent to the liver above but not to the posterior abdominal walls, hard and smooth, without any irregularities of its surface. This condition was confirmed at the operation.

The most reliable sign lies in the vomiting; it is associated with both malignant and non-malignant disease, and becomes of value as a means of differential diagnosis only when it has lasted a year or more. The longer its duration the more certain the diagnosis. The only exception to this is to be found in those rare cases in which malignant new growth is engrafted upon an inflammatory cicatrix.

Associated with these cases of stenosis of the pylorus, or first portion of the duodenum, is stenosis of the second portion below the entrance of the ductus communis choledochus, or of the third portion. These cases have the same ætiology and pathology, and present the same clinical picture with one exception—the regurgitation of bile into the stomach and its presence in the vomited material—and are amenable to the same treatment with the same prognosis.

The following case, which well illustrated the foregoing points, was diagnosed as a stenosis of the duodenum below the entrance of the ductus communis choledochus :

F. B., a Bohemian, aged thirty-five, in the fall of 1892 consulted my friend Dr. Herbkersman, who made a diagnosis of pyloric stenosis, and called me in counsel with a view to operating. At this time the man was much reduced in flesh. He had been vomiting at frequent intervals for over a year, his stomach was greatly dilated, but no tumor could be found. He readily consented to go to the hospital, and was put under a strict dietary with lavage and stomach tonics, preparatory to operation. Under this treatment he improved rapidly, and concluded in the course of a couple of weeks that the operation was unnecessary.

After this I did not hear from him for almost a year, but after trying various physicians he drifted into the hands of my friend, Dr. W. C. Weber. Under his efficient treatment he again im-

proved, but as on former occasions the relief was only temporary. At this time he became convinced that his only hope of permanent improvement lay in operation, though he desired to postpone it for six weeks on account of the approaching confinement of his wife. It was not deemed wise to run the added risk of such a delay on account of his debility, notwithstanding the fact that he had been two years and over in reaching his present condition. He was allowed, however, to make the attempt, but failed so rapidly that he himself asked to have the operation performed. Dr. Weber determined by lavage that the man's stomach would hold five quarts without great discomfort, but found difficulty in moving his bowels. Repeated examinations of this vomited material always showed bile, which is never present if the obstruction be at the pylorus or first portion of the duodenum, and as there were no signs of intestinal obstruction, and there were the signs of an obstruction to the outflow from the stomach, the diagnosis of stenosis of the duodenum below the entrance of the ductus communis choledochus was made.

October 7, 1893, I opened the abdomen by a four inch incision; the stomach was found greatly dilated, but the pylorus was apparently normal, and no reason could be discovered for the symptoms. There was one slight adhesion between the duodenum and liver at the junction of the first and second portions of the duodenum, but this seemed inadequate to account for the symptoms. A gastro-jejunostomy was made. The patient rallied well and convalescence was rapid and satisfactory. On the second day he commenced to take liquid, and on the twelfth day solid food. For the first six weeks the patient gained one pound per week. Since this time he has continued to gain, but I do not know exactly how much. His bowels move naturally without the use of cathartic, and if he exercises reasonable care in eating he is not troubled by indigestion. Two months after the operation he suffered from an attack of acute indigestion, brought on by filling his stomach with buttermilk and potatoes, all he could hold, as he said. This attack was ushered in by diarrhœa, followed in twelve hours by severe vomiting, which abated in a couple of days. The point of interest was that the vomited material contained a large amount of bile.

I have been asked repeatedly what explanation could be made,

in the light of our failure to find sufficient cause for his previous condition. I do not think any error in diagnosis was made, and, in fact, the cases reported in the literature by other operators, where nothing was found on opening the abdomen, may be explained by the same hypothesis; although I do not remember any case where bile was reported as present in the vomited material. However, observations to determine that point may not have been made.

My theory is this: The first portion of the duodenum has a mesentery and can, together with the pylorus, readily be examined between the fingers to determine the presence of a growth, thickening, or other change of its tissues, while the results of a peritoneal inflammation sufficient to produce obstruction of this portion can easily be seen as well as felt. But the second and third portions of the duodenum are differently situated; they are retro-peritoneal and without mesentery. Here the results of an inflammation occurring in the periduodenal cellular tissue, or any thickening of the structures of the duodenum from ulceration of the mucous membrane, or other causes, might be of sufficient severity to produce obstruction of the duodenum without making any change that would be visible on opening the abdomen, unless also associated with a peritonitis which had formed adhesions to other abdominal organs.

This theory, it seems to me, would explain such cases, but as yet I have had no opportunity to confirm it by post mortem observation.

The statement has been made that simply opening the abdomen is beneficial where nothing is found in the peritoneal cavity. To my mind, it is the rest in bed and restricted diet, and not the operation, that helps such cases. It is the rule that these cases, when not operated upon, improve temporarily under efficient treatment. When a simple incision is made, the relief is not permanent. I have knowledge of a case, although I am not at liberty to give the details, in which both patient and operator were much encouraged by the immediate outcome of the operation, but I am told that the patient soon returned to her former condition. When, however, such a case is operated upon not by an exploratory incision, in which the improvement is only temporary, but by doing a gastro-enterostomy, the benefit is permanent and the patient restored to his former good health.

Although some of them have been implied rather than discussed, I would submit the following propositions :

First. The diagnosis of pyloric obstruction rests on the following symptoms : Vomiting recurring when the stomach is full, dilated stomach, loss of flesh, and obstinate constipation.

Second. The differential diagnosis between malignant and inflammatory stenosis cannot, as a rule, be made with confidence where the vomiting has existed less than one year.

Third. Where the vomiting has existed for a year or more, a diagnosis of non-malignant stenosis can be made with a reasonable degree of certainty.

Fourth. When a diagnosis of inflammatory stenosis is made, an operation should be urged upon the patient.

Fifth. If a diagnosis of malignant stenosis be made, and the strength of the patient will warrant the operation, it should be recommended, after explaining the probable result.

ARTIFICIAL FEEDING OF INFANTS.*

BY GEORGE M. CLOUSE, M. D., COLUMBUS, OHIO.

Professor of Diseases of Children, Ohio Medical University of Columbus.

This subject has too many avenues diverging to be digested in such a short time and space allotted here. There is no subject that any more occupies the mind of a careful physician than the feeding of infants other than by the breast. Like many other subjects, it has the misfortune of having many different opinions ; but the facts enclosed by the words of this subject have only recently begun to be mined, and some of them will be purified from dross by study and time. And the time is dawning when the artificial feeding of infants will be as scientific and successful as nature is practical, and the *ne plus ultra*. With our limited view we can now see where artificial food has advantages over nature, inasmuch as we can govern the quantity and quality of the nourishment.

*Read before Columbus Academy of Medicine.

I can say that this is important to the city physicians because of the poverty, bad hygiene, impure milk, etc., which are fundamental causes of the destruction of the infants, and which causes are common in cities and uncommon in the country. This is well substantiated when we know that a good proportion of infantile mortality is due to these causes, and increased as the city is larger.

Food is nourishment, and nourishment is vastly important to the infant and child because it not only must supply the waste of tissue, but the increase growth of the entire system as well; so that to an infant, if food is not nourishing and properly given, it ceases to do that for which it was intended, and instead it acts as a destroyer in proportion as the food is in error and the length of time given.

Infants, like adults, require more or less food, according to their physiological individuality. There are rules meant to govern this point, but they are subject to many provisos, which takes away the value of any rule. The more we can simplify on this point the better rule we have—just give the babe all it wants at one time, then let there be a proper interval of rest—and we have a rule that will fit each case. The interval of rest is more frequently violated than any other one thing in raising infants, and the physician cannot impress this too forcibly upon the mind of the nurse. The best breast milk could produce serious conditions by the persistence of this error.

Animal food (milk) is conceded by all to be the best for infants; and as cow's milk is practically the nearest to human milk, it has been selected. In comparing human milk and cow's milk, we notice that woman's milk is always alkaline in reaction, while cow's milk is always acid; that woman's milk is heavier, being 1032, while cow's milk is 1029; that woman's milk contains less water, less caseine, less albuminoids, and more fats, more sugar, and more albumen and solids. The quantity and quality of normal milk is sometimes much changed in both human and cow's milk by extreme emotions, whether of grief or joy, anger, overwork, bad food, etc.

There being about three times as much casein in cow's milk, it collects in the stomach in large solid masses, while in human's milk is the opposite. There is still another difference, *i. e.*, woman's milk is always sterile, while cow's milk is not. So to imitate woman's milk we will have to correct cow's milk in all the differences: Lime-

water is added to produce alkalinity, as acidity of milk is a source of much trouble. As the precipitation of casein in the stomach is not flocculent, but a tough, large curd, it is a very common cause of vomiting, purging, etc. It will have to undergo a change. A common but an imperfect way is by diluting with limewater and adding milk sugar. The better way is by predigestion. This is made convenient and sufficient by Fairchild's Peptogenic Milk Powder. There are other good methods by the use of pancreatin, etc., but hardly so convenient and no better than the powder. Milk so treated is altered in taste as well, especially when the predigestion is allowed to advance too far, when it will then be bitter, corresponding to the degree of digestion. This is a point not to be overlooked, because taste is one of the instincts of the infant, and when that is not appeased it becomes rebellious, which hinders perfect assimilation. To stop the process of predigestion, lower the temperature to near freezing point.

Impurities of milk and how avoided is a part of this subject that is to-day being much discussed by the pediatricists of the world. Milk, as we get it, is impure to a greater or less extent. Some dairy-men pride themselves in cleanliness in handling the milk and good care and food for the cows; yet such milk has been known to swarm with bacteria. In various ways is the bacillus placed in the milk: First, bad health of the cows. It is said that a cow is predisposed to become tubercular, and it is difficult to find a cow not so affected over nine years of age. When they are fed on brewers' grain, within two years they are so far gone with consumption that they are slaughtered and made into bologna. Second, unobserved and minute particles of manure flying into the milk. By the centrifugal force, large quantities of manure have been separated from a bulk of milk—milk that was supposed to be above the average good quality and sold at fancy prices. Third, impure water with which the cans are cleansed. Water drawn from a stock well, as a rule, is very impure. If pure water is used it fails to dislodge the bacteria that collect in small crevices of the can. Fourth, having any one or more of these impurities present when the milk is started to the city and the churning and jarring given it on its journey, and perhaps warmth added, causes fermentation to be quickly set up, and may

be well advanced, although unawares, before the milk reaches the consumers. Another dangerous element in milk that could be prevented is *tyrotoxin*. This is an active poison formed in the milk when it is tightly canned in a warm condition.

I need scarcely mention the thievery practiced by some of the dairymen by adding water. Some have become so wise as to know that the two lightest substances of the milk are first the fats and next the water. Then they are so dishonest as to take away the cream (thus making the milk too heavy) and adding water makes it lighter. The result deceives the lactometer often. But the chemist checks such by saying that good milk should contain about four per cent. of fats.

Knowing, then, all of these errors, we should separate the pure from the impure if possible, and kill what evil remains without injuring the constituents of the milk. This is to some extent possible, and the processes are Pasteurization, sterilization, electrolization and centrifugal force. Only the first two will be noticed here. Pasteurization is meant when milk is heated between 131° and 176° F. It is claimed by this method of low heat that while the bacteria may not all be killed they were so much reduced in number or rendered so inactive that they became harmless in a practical way. By getting rid of the germs and yet not molesting the constituents of the milk, is the object of this low degree of sterilization.

Sterilization is meant when milk is heated just under the boiling point, or about 210° F. This would kill all germs and as well make some changes in the quality of milk. Beside it coagulating the albumen and making it more difficult to digest, it is a recent theory that milk so treated renders the gastric ferments less effective on the casein; also that the milk remains too long in a liquid state in the stomach, thereby getting into the intestines too soon—hence imperfect assimilation, diarrhoea, etc.

There are numerous ways of sterilization, and each of you is familiar with your favorite way. Whether or not milk is Pasteurized at a high degree or sterilized at a low degree, the object sought is the same in each. And it is this fact which led Dr. T. M. Rotch, of Boston, to assert to me that "the terms Pasteurization and sterilization are really getting to be somewhat indefinite." The

doctor has given us a good idea as to how a milk laboratory should be carried on, in his paper read before the American Pediatric Society, of which he is one of the founders. What he means by a milk laboratory is to make pure the milk and to separate it into its important elements, which are kept aseptic and combined at will. The prescription is written by the physician, who proportions the constituents according to the idiosyncracies of the infant—just the same as he would prescribe drugs for a morbid condition. The modifier of the laboratory acts according to the prescription just the same as a pharmacist would at his dispensary, and is required to be as trustful. The milk supply comes from a farm under direct control of the laboratory. The cows are bred and fed for good milk only, and only for this laboratory. The food, stable and stalls are subject to frequent and critical examinations by the best veterinaries. The cows are milked into glass pails and cooled to about 45° F. and conveyed to the laboratory within four hours. The milk thus produced has a uniform analysis of fats of nearly four per cent., and other constituents equally as good; and it is so faintly acid that only one-twentieth part of limewater is required to imitate woman's milk in reaction. As soon as milk reaches the laboratory it is treated as mentioned above. A large fan keeps the room cool and well ventilated. The doctor gives us a prescription as he copied it from one in the laboratory:

R. Fat.....	4.
Milk Sugar.....	7.
Albuminoids.....	1.50

Sterilize 20 min. at 160° F. Add limewater 1-20. Put up 8 tubes each 4 oz.

This is for a healthy infant four months old. The eight bottles are delivered at the proper place and time and exchanged for the empties, which are returned to the laboratory and undergo a thorough disinfection and kept under a solution of sod. bicarb. until ready to fill and deliver again. The doctor says there is such a laboratory in Boston and it is well patronized.

I believe the time is not far distant when such scientific and physiological apparatus will be common, in large cities at least; and I also believe that if such efforts as described above would be prac-

ticed, that the artificial feeding of infants could not be a thing so much dreaded, and that in a few years infantile therapeutics would be almost forgotten. Babies do not need much medicine even when ailing; but instead they need and must have all the time, sick or well, plenty of good nourishment. By giving them this good food at the proper intervals and quantity, perfect assimilation will be produced; and if perfect assimilation of food is established and maintained, health, vitality and resisting power to diseases will be imparted, and thus many an infant would pass the "expectancy of life." Knowing, then, all these advantages and how to produce them, and also the mortality originally caused by the errors, and knowing that all generations of the future must pass the period of infancy, causes me to feel that it is a high and inexcusable duty of the profession to guide and guard this infantile army through its perils; or if not ourselves, then cause others or the government to take hold and execute the same. I hope to see the day when Columbus and other cities will awaken to such important duties and have well-equipped milk laboratories operating, thereby lessening the burial permits caused by so-called "cholera infantum."

In regard to the number of proprietary infantile foods that so crowd the market, much need not be said. While they theorize for us from what I suppose is a purchased analysis of the foods, we have to judge from the clinical experience, which reduces the number to a few; and this few is often unsatisfactory. I have saved babies' lives by properly giving them a good condensed cows' milk (such as the Eagle brand) and brandy, when they were almost dead from the use of the best proprietary "food" of which I knew. Whether the fault was with me in selecting the food or in the food, remains untold; and here is one snare—the "cut and try" plan. By the time a proper selection is made the "wear and tear" on the alimentary canal is irreparable, and the patient dies from exhaustion or spurious hydrocephalus. Condensing milk is simply driving off a part of the water by a low heat (what could now be called Pasteurization), then properly canning. By so doing the milk is made and kept sterile until used, when only boiled warm water is added to make it ready for the bottle. This is especially convenient and safe for infants on a long journey.

To make prominent a few practical hints, the following are mentioned : Don't give acid milk. Don't use a tube in the nursing-bottle. Don't allow the bottle or nipple to be any other way than aseptic. Don't continue to give stuff that does not nourish. Don't fail to sterilize milk early and then cool rapidly by running cold water. Don't forget the necessity of pure air, cleanliness and proper clothing. Don't forget that the infant is a creature of habit and can be taught the proper frequency and amount of food and the time for sleep. Don't produce colic by allowing milk to flow too freely. Don't forget that infants are sensitive to starches. Remember always to nourish.

A CASE OF FRACTURE OF THE CERVICAL VERTEBRA.

BY DR. G. W. BROOKE, ELLSWORTH, OHIO.

Early on Wednesday morning, November 29, '93, I was hastily summoned to visit a neighbor, Mr. Chester Allen, a strong, healthy man, aged fifty years, living but a short distance from my residence. Found him in his barn, and learned that he had fallen a distance of about seven feet, through a hatchway, to the floor beneath.

As near as could be ascertained, the accident occurred about three-quarters of an hour before. He was insensible for a time after he fell (how long a period he was unable to say), and when consciousness returned he found that he was entirely helpless and unable to make himself heard.

He complained of intense pain in his neck, a few inches below the occiput, and on examination found complete paralysis and loss of sensation below the seat of injury; heart's action very slow and feeble; pulse imperceptible at the wrist; extremities cold.

Without waiting to make further examination he was immediately taken to the house, and on careful examination the neck was found to be dislocated, the head turned considerably to the right side, and the deformity, apparently about the fifth cervical vertebra, very marked. As soon as the diagnosis was clearly made I grasped the head firmly with both hands, and used all the strength I could com-

mand by way of extension, at the same time gently rotating the head so as to bring it in line with the body, as the extension was continued. This procedure occupied but a moment of time, and one of the friends who was bending over the patient, assisting me in the operation, says that he distinctly heard a grating sound when the dislocation was reduced.

The moment the displaced vertebræ were put in position the patient could see; before this he was entirely blind. He also expressed himself as feeling much relieved by the operation; extension, however, had to be continued almost constantly, or the pain in the neck would recur with great severity.

Vigorous efforts were now made to warm the patient and bring on reaction. Stimulants and heart tonics were administered liberally, the patient swallowing fairly well, and as the pain in the neck grew worse morphine was used hypodermically. In about six hours reaction was fully established—the pulse beating fifty times per minute, strong and regular, respiration from ten to twelve. The thoracic and abdominal muscles, however, were unable to participate in the respiratory movement, so that respiration was very imperfectly performed. The patient could now speak audibly. He took sparingly of nutritious liquids, which required some care in swallowing. His mental faculties were not in the least disturbed by his unfortunate condition, and he was able to transact business as intelligently as though nothing had occurred.

The case continued in this manner for about eight days, when the pulse became gradually more frequent and weaker, the breathing more hurried, the inability to swallow greater, prostration more marked, sleep more fitful and disturbed. It is needless, perhaps, to say that the catheter had to be used. The kidneys, after the first twenty-four hours, acted freely, and so continued whilst he lived. His bowels moved freely in response to cathartics and enemas the sixth day after the accident, and continued to move passively after this up to the time of his death.

On Thursday evening, December 7, the unfavorable symptoms all became more aggravated; the heart's action was exceedingly feeble, and the patient himself was conscious that his dissolution would not be delayed much longer. He died at 1 P. M. the following day.

When I first explained to him the very serious character of the injury, he said to me, "I am in your hands, do with me and for me as you may think best."

During the entire time of his existence, after he rallied from the effects of the shock, his intellect and mind were as active and bright as when in health.

I have in the army and elsewhere seen many cases of injury and death from violence, but never before had a patient that possessed such a remarkable fund of fortitude and patient endurance as Mr. Allen manifested under such painful and distressing circumstances. He was one of the bravest, best and most philosophical patients that I ever had. In addition to this, his Christian profession, faith and character were, from the time of the accident to the close of his life, made more manifest and more deeply intensified as he approached the end.

At the autopsy held on Monday morning, the eleventh, the following named gentlemen were present: Drs. Wagner, Hughes and Brooke, Messrs. Kirk, Ressler and McNeilly, Dr. Wagner making the examination. All of the cervical and one or two of the dorsal vertebræ were removed. It was found that the dislocation involved the fifth and sixth cervical vertebræ, the attachment between these bones being completely torn asunder, and at the time of the injury the vertebræ were widely separated, but now in proper position.

The ligamentum nuchæ was lacerated a short distance from its attachment to the spinous process of the vertebra. Considerable clotted blood was found near the seat of injury, in the muscular tissue adjacent to the spinal column. On examination of the cord, the membranes were found ruptured at a point corresponding with the injury to the spinal column; the cord at this point and below, as far as examined, was softened and completely disorganized.

The line of demarkation between the softened cord at and below the injury and its firmness and elasticity above, was very distinct and well marked, showing plainly that the vitality of the cord below the seat of injury was destroyed when the accident occurred.

CLINICAL FRAGMENTS.

BY MARCUS ROSENWASSER, M. D., CLEVELAND, OHIO.

CASE V.—RUPTURED TUBAL PREGNANCY.—FREE HEMORRHAGE.— OPERATION.—DEATH.

At 10 P. M., Aug 3, 1893, Dr. A. Peskind 'phoned me an urgent request to see his patient, Mrs. E. W., who had been married about two years, and whose first and only child was then eight months old. Her physician gave the following account: Patient's previous and family history had been good. She had menstruated last on June 16. On July 6 she had begun "flowing" and continued until the 20th. After a week's cessation the flow recurred, but had entirely ceased previous to the consultation. The doctor had regarded the case as one of threatened abortion; no distinct tumor had been made out, but the patient had been exceedingly tender on vaginal touch. He had not until that evening realized the true condition. She had had occasional pains, not differing from those usually experienced during a miscarriage. At eight o'clock she had been suddenly seized with violent, lancinating, agonizing pain, with symptoms of collapse and anæmia. When seen by me her face was pale, there was a small flickering pulse of about 120, she was resting easy under the influence of morphine. The uterus was larger than one would expect at that stage of pregnancy, and seemed to spread or flatten out toward the right, with a vague feeling of fullness even beyond its margin. While the symptoms pointed to ruptured ectopic sac, the condition of the patient and the possibility of the pregnancy being interstitial, did not warrant immediate operation. I hoped she might rally in a few hours and thus be better prepared to undergo the shock, should interference still be indicated. My advice was in accordance with this expectation.

Recalled at 9 A. M., August 4, I was disappointed to find the patient had had another attack of intense pain at 4 A. M. and had not rallied. Her pulse was irregular, thready, 160; there had been some vomiting. I urged immediate operation as a forlorn hope. Dr. D. P. Allen had been asked to see the patient this morning and concurred in the almost hopeless attempt to save her.

Operation. Under ether, Drs. Allen, Nevison and Feil assisting. The abdominal cavity was full of free blood and clots. There was a rent in the right tube, close to the uterine end, from which the chorion was protruding. The tube was removed and the abdomen freely flushed, washing out a great number of clots. Among these must have been the foetus of about six weeks, which was subsequently found on the floor. The patient was replaced in bed in twenty-five minutes, her pulse as good as before the operation. In spite of rectal, saline enemata, strychnia hypodermatically and stimulation she failed to rally, and died three hours later. Autopsy could not be obtained.

COMMENTS.

To a superficial observer, it might seem an easy matter to have recognized the condition previous to rupture, and hence to have prevented the sad calamity that followed. In the absence of a distinct tumor, with the pregnancy at the cornual end of the tube, and with no more violent symptoms than those ascribable to a protracted abortion, it is highly improbable that an expert would feel sure enough of his ground to propose the only safe prevention in such a case—abdominal section. The failure to diagnose is, therefore, not subject to just criticism. In the light of later developments, an immediate operation would have offered the patient a better chance. It is, however, a rule in surgery to avoid interference in shock if possible, and delay long enough to rally the vital forces before submitting them to additional strain. A few hours' delay was caused by circumstances over which the attendants had no control, such as waiting for further counsel, operating at the home of the patient, and other trivial causes. The question, Why operate at all on a patient at death's door? has been met more fully in a previous paper, and finds its justification in the fact that there was nothing to be lost, and that he is not a true surgeon who will allow a life to ebb away when the simple application of a ligature might save it. The exact individual, fatal limit of exsanguination and shock has not as yet been ascertained, and probably never will be.

CORRESPONDENCE.

THE MEMBERS OF THE MUSKINGUM COUNTY MEDICAL SOCIETY EXPLAIN WHY THE APPOINTMENT OF DR. C. E. BRUSH AS CHAIRMAN OF THE COMMITTEE ON ARRANGEMENTS DOES NOT MEET WITH THEIR APPROBATION.

To the Editors of *The Cleveland Medical Gazette*:

Will you kindly give us space to explain the absence of harmony which exists at present in the medical profession of this city? Owing to previous articles, abounding in mistakes, which have appeared in the columns of local papers, public curiosity has been aroused, and a plain statement of facts will be heralded with joy by those directly interested, and as such we beg for space.

Nearly two years ago the physicians of this county organized what is known as the Muskingum Medical society, enrolling nearly all the regular practitioners of medicine in this city and county among its members. The first year of its life was a grand success; this was in great part due to its officers, and the members fully realizing this fact, re-elected them for the ensuing year. During last year the president appointed Doctors Holston, Lane and Fassig as delegates to the Ohio State Medical society to attend its meeting at Put-in-Bay in June, 1893. At this time, Doctor Fassig was the only delegate able to go, and in this capacity attended the state meeting.

When the president informed the members of the society that the next thing in the order of new business was the selection of a suitable place to hold the 1894 meeting, several cities asked for it, but our delegate carried the day for old Zanesville, stating that the Muskingum County Medical society would open wide its doors and do all in its power to give the members of the state society a pleasant and profitable session. A letter from the state secretary in reference to this reads: "You did what very few could have done, carried the day in favor of your city, and, without impertinent flattery, I may add that the state society were pleased with your presentation of your invitation."

At the next regular meeting of the county society, this fact, with a report of the proceedings of the state society, was read to the members and their hearty co-operation in this step was given, each member pledging to do all in his power to make this year's state meeting a grand success.

The constitution of the state society reads: "The president shall

each year, at the close of the annual meeting, appoint a committee of arrangements, which shall be composed of members, the majority of whom shall reside at the place where the next meeting is to be held, etc." The president of the state society failing to do this, it naturally appeared to the members of the county society, since it was on their invitation that the state society would hold its session here, that it would be their place to attend to the selecting of a committee of arrangements from their number. President Geyer, feeling that it was his duty, selected Drs. Holston, Barton, Bell and Davis, with Dr. Fassig as chairman. Dr. Fassig was recognized in this position for his effort in securing Zanesville as the next meeting place. This committee did some work and were in the height of anticipation, when Dr. Dandridge, president of the state society, made known his chairman of the committee of arrangements; this was six months after the time allotted him by the constitution, he selecting a physician who is not a member of the county society. Dr. Dandridge recently informed members of the local society that he was not aware that he was to make this appointment, but was under the impression that this duty remained with the profession of the city selected for meeting, until he was enlightened on this subject by a number of letters from Zanesville, asking for the appointment; in other words it was crowded upon him to make his selection, and after inquiring of the profession in different parts of the state, as to whom he should appoint, (he did not see fit to inquire of the profession in Zanesville) decided on this physician, who is not a member of the local society, on account of his regular attendance at the state meetings.

The secretary of the Muskingum County Medical Society was instructed to open a correspondence with Dr. Dandridge, acquainting him with our situation and asking for recognition. A petition signed by twenty-one physicians of this city—the country physicians were not asked to sign this petition—was sent to Dr. Dandridge, asking him to give due consideration to the county society, since it was in accordance with its invitation that the state meeting will be held here. Dr. Dandridge replied that he could not change his appointment.

This matter was again brought before the county society at a called meeting February 1, 1894, and after a careful interchange of opinions, not behind closed doors, as was stated, since regular members of the profession are always welcome at our meetings, it was moved that since Dr. Dandridge, president of the state society, having had our situation fully explained to him, decided against our local society, we, as members of the Muskingum County Medical Society, and individually, pledge ourselves to have nothing to do with this committee of arrangements as appointed by Dr. Dandridge and the expenses incurred by them in their entertainment of the Ohio State Medical Society, which is to meet in this city May 15, 1894: [Signed] J. G. F. Holston, T. J. Barton, C. M. Rambo,

W. A. Melick, G. Warburton, W. D. McCreary, J. T. Davis, J. M. Fassig, Z. C. McElroy, O. M. Wiseman, H. T. Sutton, P. P. Henderson, J. B. Humphrey, T. M. Reamy, J. L. Holden, J. J. Thomas, H. S. Nye, J. Jordan, E. C. Logsden, M. R. Bainter, N. E. Patrick, L. R. Culbertson, C. M. Lenhart, M. E. Mowrey, A. L. Jackson, W. P. Wells.

The above names are those of the profession of this city. Zanesville can boast of thirty-two *regular* practitioners of medicine. The country physicians of this county have signified their intention to sign this, the above pledge, as soon as it can reach them, which will be in a few days.

To condense the whole situation into a few words, we shall state in conclusion that the Muskingum County Medical society feels that, having invited the State Medical society to come to Zanesville, which opportunity was cheerfully accepted, that our county society has been completely ignored by the action of Dr. Dandridge, president of the state society, in his appointment.

Much as we disliked to bring this *purely professional matter* before the public, we felt compelled, by the repeated articles which have appeared in the daily press, to make a clean *expose* of the same.

THE MUSKINGUM COUNTY MEDICAL SOCIETY.

February 5, 1894.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

A BILL TO ESTABLISH A BOARD OF MEDICAL EXAMINERS AND LICENSERS FOR REGULATING THE PRACTICE OF MEDICINE AND SURGERY IN THE STATE OF OHIO, AND DEFINING THE POWERS AND DUTIES OF SAID BOARD.*

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio,* That sections four thousand four hundred and three (4403), four thousand four hundred and three *a* (4403*a*) and four thousand four hundred and three *b* (4403*b*) of the Revised Statutes be amended so as to read, with their sectional numberings, as follows:

SEC. 4403. Within thirty days after the passage of this act, the governor, by and with the advice and consent of the senate, shall appoint nine physicians, who shall constitute a state board of medi-

*This is known as the Avery bill, now before the Legislature, and is published in full at the request of a number of subscribers.

cal examiners and licensers, who shall be graduates of reputable medical colleges, and who have practiced medicine or surgery in this state for at least ten years past, but none of whom shall be connected in any manner with any medical school or college; they shall be appointed and serve in the first instance, three for two years, three for four years, and three for six years. All appointments made to said state board of medical examiners and licensers at the expiration of the several terms fixed above, shall be made by the governor for the term of six years, and if made when the senate is not in session shall be subject to confirmation at the next ensuing session of the senate. Each person so appointed shall, within ten days after his appointment, take and subscribe an oath or affirmation before a competent officer faithfully and impartially to perform the duties of his office, and shall file with the secretary of state a certificate of his having done so. The said board shall, on a day fixed by them, elect in each alternate year a president and a secretary, the former of whom shall be of their number, and both of whom shall hold their offices for the term of two years, and until their successors are appointed or elected and enter upon the duties of their offices. The said board shall be a corporation, known by the name and style of "the state board of medical examiners and licensers of Ohio," and have and use a common seal, and such corporation may sue and be sued, plead and be impleaded to such extent as to enable it to carry out the powers conferred upon said board by this act. Said board may make and adopt all necessary rules, regulations and by-laws not inconsistent with the constitution and laws of this state or of the United States, to enable it to perform its duties and transact its business under the provisions of this act. The president and secretary of said board shall perform the duties usually pertaining to such offices. The said state board of medical examiners and licensers shall examine all applicants for license to practice medicine or surgery in this state. They shall meet semi-annually on the second Tuesday of January of each year, in the city of Columbus, and at such meetings shall examine all candidates referred to them by the president of the board. Each examiner shall make and furnish a detailed report in writing of all questions and answers of each examination, together with his opinion as to the qualifications and merits of each candidate in each case. The examinations shall be in writing and impersonal. Each candidate shall adopt some device or mark (not his or her own name) by which his or her examination papers shall be known, and a copy of the same device or mark, with the candidate's name, shall be placed in an envelope and sealed, and handed to the president or secretary of the board. After all examination papers have been examined, passed upon and their merits determined, the sealed envelopes shall be opened, and if the examination papers bearing the device or mark corresponding to the device or mark in any sealed envelope are found to be satisfactory, the candidate thus indicated shall be li-

censed to practice medicine or surgery in the state, after he or she has properly registered in accordance with the provisions of section 4403e. The examinations shall be in hygiene, histology, pathology, physiology, anatomy, chemistry, surgery, obstetrics and such other branches of the several departments of medical sciences as eight of the nine members of the board may agree upon. The questions for each examination shall be so selected as to require the same standard of excellence from all candidates at that examination. All examination papers of the candidates, and all reports and actions of the examiners and licensers shall forever be a part of the public records of said board.

SEC. 4403b. On and after the passage of this act, any person, not theretofore legally authorized to practice medicine and surgery in this state, and desiring to enter upon said practice, shall pay twenty-five dollars (\$25.00) into the treasury of the state of Ohio, and presenting the receipt for the same to the president of said board, and applying to him for the aforesaid examination, shall receive an order addressed to the state board of medical examiners and licensers, instructing them to examine the candidate at the next semi-annual examination, provided proof satisfactory to the president of the board is first given that the candidate is over twenty-one years old, of good moral character, and that he or she has sufficient preliminary education to qualify him or her to have studied medicine or surgery understandingly, and has received a diploma issued to him or her, conferring on him or her the degree of doctor of medicine from some legally incorporated medical school or college, held to be in good standing by said board; should any candidate fail to pass such examination successfully, he or she shall have the privilege of appearing again before the board at the next semi-annual examination without any additional fee. The president of the board, after finding that seven of the nine members of said board have voted in favor of such candidate, and that such examination has been a satisfactory test of the qualifications of said candidate, shall issue to him or her a license permitting him or her, after registration, to practice medicine or surgery in the state of Ohio. The license shall read as follows:

TO ALL WHOM IT MAY CONCERN, GREETING:—Be it known that A. B., on the——day of——, A. D.,——, having offered a satisfactory proof that —— was more than twenty-one years old and had received proper preliminary education, that——had attended——full course of medical lectures, the last course at ——, in the year of——, and had received from the—— of————the degree of doctor of medicine, a written order was given for the examination of the said A. B. before the state board of medical examiners and licensers of the state of Ohio; that the said A. B. was duly examined before said board and found, by the examiners whose signatures are hereunto attached, to be proficient and qualified to practice medicine and surgery. We therefore have

granted to the said A. B. this, our license, to practice medicine or surgery in the state of Ohio as a physician or surgeon, and have caused the name of the president and the secretary and the names of the other members of said state board of medical examiners and licensers to be subscribed, and our common seal to be affixed thereto, and have caused the license to be recorded in book———of medical licenses, on page——, kept by said board.

Before said license shall be issued, it shall be recorded in the book kept for that purpose in the office of the secretary of said board, and the number of the book and the page therein containing such record shall be noted in the body of the license. Said records shall be opened to public inspection under proper restrictions as to their safe keeping, and in all legal proceedings shall have the same weight as evidence that is given to the records of the conveyance of land.

SEC. 4403c. The state board of medical examiners and licensers shall refuse to grant a license to any individual guilty of felony or of gross immorality, or addicted to the use of intoxicating liquors or of narcotic drugs to such a degree as to render him unfit, unsafe and irresponsible. They may suspend or revoke a license, or suspend or cause a cancellation of the registration of a practitioner, lawfully practicing medicine or surgery in the state at the time of the passage of this act, for like causes or for palpable incompetency, upon eight affirmative votes of the nine members of the board, after giving the accused an opportunity to be heard in his or her defense. Any person, whose license or registration has been suspended, revoked or cancelled on account of gross immorality, or the use of alcoholic stimulants or narcotic drugs, as aforesaid, may be re-instated by a like vote of the board when satisfactory proof of reformation has been furnished to said state board of medical examiners and licensers.

SEC. 4403d. On and after the passage of this act no person not theretofore a legally authorized practitioner of medicine or surgery under the laws of this state, shall practice medicine or surgery in the state unless such person shall hold a license from the state board of medical examiners and licensers of Ohio. But any person who has been examined and licensed by the medical examining and licensing board of another state, shall, on payment of twenty-five dollars (\$25.00) into the treasury of the state of Ohio and on filing in the office of the secretary of the state board of medical examiners and licensers of Ohio, a copy of said license, certified by the affidavit of the president and secretary of such board, and on showing that the standard of requirement adopted by said state examining and licensing board is substantially as is provided in section four thousand four hundred and three *b* (4403*b*) of this act, and without further examination, receive from said state board of medical examiners and licensers of Ohio, a license conferring on the holder thereof all rights and privileges provided by section four thousand four hundred and three *b* (4403*b*) of this act.

SEC. 4403e. On or before the first day of May, 1894, and biennially thereafter on or before the first day of May of each alternate year, every person theretofore legally authorized to practice medicine or surgery under the laws of this state in force at the time of the passage of this act, and also those licensed by the state board of medical examiners and licensers, shall, before continuing or beginning to practice, register in the office of the probate judge of the county in which he or she intends to practice medicine or surgery, in a book to be kept by said probate judge for that purpose, his or her name, residence, place and date of birth, together with the date of his or her diploma, and by what institution granted, and (if licensed) the date of his or her license to practice medicine or surgery within this state. At the same time, the person so registering (unless a graduate in medicine and surgery of some reputable school or college, or a legal practitioner of medicine or surgery in the state of Ohio at the time of the passage of this act), shall exhibit both the license and the diploma herein required to the probate judge. Each person so registering shall subscribe and verify by oath or affirmation before a person duly qualified to administer oaths under the laws of this state, a plain statement of all the facts aforesaid, and showing whether such person is a legal practitioner or a graduate of some reputable medical school or college, and, if a legal practitioner, how long and by what authority, and if a graduate a copy of his or her diploma. The said affidavit shall be filed with said probate judge, who shall transmit to the secretary of the state board, on or before the tenth of each month, all affidavits as aforesaid which have been filed with him during the preceding month; provided, that at each biennial registration it shall not be necessary for one who has furnished such an affidavit with copy of diploma, to the probate judge as heretofore prescribed in this section, to furnish a second affidavit with copy of diploma, but only to register. At each and every registration the person so registering shall pay, to the probate judge, three dollars (\$3.00), of which sum the said probate judge shall receive fifty cents (\$0.50) for such registration and other duties provided for in this chapter, and the remaining two dollars and fifty cents (\$2.50) shall be paid over by said probate judge to the treasurer of the state of Ohio, within thirty (30) days after its receipt, for the credit and benefit of the state board of medical examiners and licensers. Every graduate of medicine or surgery of any reputable school or college, or legal practitioner in this state, at the time of the passage of this act, shall register and comply with all the requirements of this act, except producing a license from the state board of medical examiners and licensers, and every person desiring to practice medicine or surgery in this state who is not a legal practitioner at the time of the passage of this act, must appear before the state board of medical examiners and licensers and obtain a license as provided in section four thousand four hundred and three (4403b) of this act.

SEC. 4403f. All moneys paid into the state treasury under the provisions of this act shall be placed to the credit of the state board of medical examiners and licensers, and from it shall be appropriated a sum sufficient to defray all expense incurred under the provisions of this act.

SEC. 4403g. No person shall be licensed to practice medicine or surgery in this state who has been convicted of a felony by any court of competent jurisdiction; and if any person who is a legal practitioner at the time of the passage of this act, or who is or hereafter shall be licensed to practice medicine or surgery in this state, shall be convicted of felony, as aforesaid, his or her license so to practice, if any, shall be revoked by the fact of such conviction having been had. Any person who shall wilfully swear falsely to any statement contained in any affidavit made under the provisions of this act shall be deemed guilty of felony, and subject to conviction and punishment for perjury; any person who falsely and without authority shall counterfeit, make or alter any diploma, certificate or instrument constituting a license to practice medicine or surgery within this state, or any certificate or indorsement given in pursuance of this act, shall be deemed guilty of felony, and be subject to conviction and punishment for forgery; any person who shall practice medicine or surgery under a false or assumed name, or who shall falsely personate another practitioner of like or different names or be guilty of violating any other provisions of this act not specifically punished herein, or who shall buy or fraudulently obtain any medical diploma, license, record or registration, or who shall aid or abet such buying or fraudulently obtaining thereof, or who shall knowingly practice medicine or surgery in this state under the cover of a diploma or license illegally obtained, or that shall have been signed or issued unlawfully, or under fraudulent misrepresentation, or who, after conviction of felony as aforesaid, or whose license has been revoked by said state board of medical examiners and licensers for palpable incompetency or for gross immorality or for being so addicted to the use of alcoholic stimulants or narcotic drugs as to unfit him or her for practicing medicine or surgery as aforesaid, or any person, who, on and after the passage of this act, not being then lawfully authorized to practice medicine or surgery within this state, shall attempt so to practice without license or registration as provided for in this act, or any person who shall assume the title of doctor of medicine or append the letters M. D. to his or her name without having received the degree of doctor of medicine from some school, college or board empowered by law to confer said degree or title, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not less than two hundred and fifty dollars (\$250.00) nor more than one thousand dollars (\$1,000) or imprisoned for not less than one year nor more than three years, or by both fine and imprisonment, at the discretion of the court.

SEC. 4403h. Whoever shall make, issue or publish for purpose

of sale, barter or gift, any certificate, diploma or other writing or document falsely representing the holder or receiver thereof to be a graduate of any medical school or college or of any educational institution of medicine whatsoever, and entitled to the powers, privileges or degrees thereby pretended to be conferred; or whoever shall sell or otherwise dispose of, or offer to do so, any such diploma, certificate, writing or document containing the false representation aforesaid; or whoever shall use his name, or permit the same to be used as a subscriber, for any purpose or in any capacity, to such false and fictitious diploma, certificate, writing or document aforesaid, or whoever shall engage in the practice of medicine and surgery under and by virtue of such fraudulent diploma, certificate, writing or document aforesaid, upon conviction thereof shall be subject to a fine not less than two hundred and fifty dollars (\$250.00) nor more than one thousand dollars (\$1,000), or imprisonment for not less than one year nor more than three years, or both fine and imprisonment, at the discretion of the court.

SEC. 4403i. Whoever shall make, issue or publish, or cause to be made, issued or published, for the purpose of sale, barter or gift, any diploma, certificate or writing representing the holder thereof to be a graduate of any medical school or college, or of any educational institution of medicine whatsoever, unless such holder shall have, in fact, attended a complete course of instruction in such school, college or institution for medical teaching, which course shall be equal to the average course of instruction in other schools, colleges or institutions where the various branches of medicine are taught as a science, in good standing in the state of Ohio, upon conviction thereof shall be fined in a sum not exceeding one thousand dollars (\$1,000), nor less than two hundred and fifty dollars (\$250), or imprisoned in the penitentiary not more than three years nor less than one year, or both fine and imprisonment, at the discretion of the court.

SEC. 4403j. It shall be the duty of the state board of medical examiners and licensers, upon a proper application or complaint being made to said board by any person, corporation or medical society, to cause the prosecuting attorney, whose duty it shall be, of any county in this state, to prosecute any person or persons violating any of the provisions of this act within such county, and it shall be the duty of such prosecuting attorney so to prosecute. One-half of the fines collected in such cases shall be paid to the person, corporation or medical society making the application or complaint, and the other half to the treasurer of the state for the credit and benefit of the state board of medical examiners and licensers.

SEC. 4403k. For the purposes of this act, the words "practice of medicine or surgery" shall mean to annex the letters M. D. to one's name, or to suggest, recommend or prescribe, direct or employ as a matter of business for a fee, for the use of any person, any drug, medicine, appliance, apparatus or other agency, whether material or

not material, for the treatment, cure, relief or palliation of any real or supposed ailment or disease of mind or body, or for the treatment, cure or relief of any wound, fracture or bodily injury, or infirmity or deformity. Also, for the purpose of this act, the words "legal practitioner" shall mean and apply to those who have complied with section four thousand four hundred and three (4403) of the Revised Statutes heretofore in existence before the passage of this act.

SEC. 4403l. Nothing in this act shall be construed to punish commissioned medical officers serving in the army or navy of the United States, or in the United States marine hospital service when so commissioned, or anyone actually serving as a member of the resident staff of any legally incorporated hospital, or any legally qualified dentist exclusively engaged in the practice of dentistry, or to interfere in the fitting of glasses or spectacles, or in the manufacture of artificial eyes, limbs, orthopedical instruments or trusses of any kind, or to prohibit the fitting of such instruments to any person in need thereof. Nothing in this chapter shall be so construed as to prohibit medical or surgical consultations in different counties of this state between legally qualified and registered physicians or surgeons of this state; nor to prohibit any lawfully qualified physicians and surgeons residing in other states or countries meeting lawfully registered physicians and surgeons of this state in consultation; nor to prohibit legally qualified and registered physicians, registered in any county of this state, from practicing in any other county of this state. Nothing in this act shall be construed to prohibit advertising in newspapers.

SEC. 4403m. On or before the tenth of each month, every probate judge in this state shall furnish a certified copy of the names and residences and places of business, and by what authority they are permitted to practice medicine or surgery in their county, of all persons who have registered during the previous month and not previously reported during that biennial period of registration to the secretary of the state board of medical examiners and licensers, and the said secretary shall record the same in a book to be kept by him for that purpose, and shall send a certificate of record to each person so recorded each month. Every certificate of registration, granted under the provisions of this act, shall be conspicuously exposed in the office of the person to whom it was issued.

SEC. 4403n. The president and secretary of the state board of medical examiners and licensers shall each receive a salary, to be fixed by the board, but not to exceed five hundred dollars (\$500) for the president and fifteen hundred dollars (\$1,000) for the secretary. They shall receive their traveling expenses incurred in the performance of their official duties, when approved by two-thirds of the entire board. The other members of said board shall receive ten dollars (\$10) per day for each day actually and necessarily employed by them in the discharge of the duties of their offices, and also their

necessary traveling expenses, when approved by two-thirds of the entire board. The board shall audit all bills made out in due form, and verified by each member rendering the service, or incurring the expense in the performance of the duties of his office. Such bills, when approved by the president of the board and audited by the auditor of the state, shall be paid out of the state treasury from funds set aside for the benefit and credit and maintenance of said board.

SEC. 4403o. The president and secretary of said state board of medical examiners and licensers shall have authority to administer oaths and issue subpoenas, and the board to take testimony and have power to enforce persons to attend and answer any questions, under oath, pertaining to any matter or matters over which said board has control and supervision, and the necessary expense shall be paid from the fund set aside to the credit and for the maintenance of said board.

SEC. 4403p. The governor shall have full power and authority to remove any member of the state board of medical examiners and licensers who shall be convicted of felony or gross immoral conduct, or who is so addicted to the use of intoxicating liquors or narcotic drugs as to render him or her unfit to perform the duties of his or her office, or for any other good and sufficient cause.

SEC. 4403q. The adjutant-general of the state shall provide suitable rooms for the meetings of the board and office for the secretary in the city of Columbus.

SECTION 2. That the original sections 4403, 4403a and 4403b of the Revised Statutes are hereby repealed.

SECTION 3. This act shall take effect and be in force from and after its passage.

A BILL TO REGULATE THE PRACTICE OF MIDWIFERY IN THE STATE OF OHIO.

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio*, That section 4403 of the Revised Statutes of Ohio be supplemented as follows :

SEC. 4403aa. No person shall practice midwifery in any of its branches in the state without a certificate or license from the state board of medical examiners and licensers as hereinafter provided.

SEC. 4403bb. Any person now legally practicing midwifery in this state shall, within thirty (30) days after the passage of this act, pay into the treasury of the state five dollars (\$5.00), and present to the state board of medical examiners and licensers a receipt for the same, with an affidavit setting forth the name, nationality, age, authority, location and length of practice, together with a certificate of good moral character from some registered physician, resident of the same county, whereupon, if said affidavit and certificate are satisfactory, the board shall issue a certificate or license signed

by the president and secretary thereof and bearing the seal of said board, which certificate shall entitle the person named therein to practice midwifery in this state. Any certificate granted under the provisions of this act shall be conspicuously exposed in the office of the person to whom it was granted.

SEC. 4403cc. Any person not now legally practicing midwifery in this state and desiring to do so, upon payment of five dollars (\$5.00) into the treasury of the state of Ohio and presenting to the president of the state board of medical examiners and licensers a receipt for the same, with a certificate of good moral character from some legally qualified and registered physician, resident of the county in which she intends to practice, shall receive an order to appear before said board, and shall submit to such examination in midwifery as the said board shall require. If such examination is satisfactory, the said board shall issue a certificate or license as provided in section 4403bb of this act.

SEC. 4403dd. Any person receiving such a certificate or license shall, within ten (10) days after its receipt, file a true copy thereof with the probate judge of the county in which she resides, and said probate judge shall file said copy and enter a memorandum thereof, giving date of said certificate or license, and the name of the person to whom the same was issued, and the date of said filing, in a book to be provided and kept for that purpose, and the said probate judge shall be entitled to demand and receive from each person so registering the sum of fifty cents (\$.50) for such registration and other duties prescribed in this act. Said probate judge shall, on or before the tenth (10th) day of each month, forward to the secretary of the state board of medical examiners and licensers a correct list of all midwives so registering and also the copies of certificates filed within the previous month.

SEC. 4403ee. The state board of medical examiners and licensers are hereby authorized and empowered to execute the provisions of this act, and to make rules and regulations and prescribe conditions not inconsistent with the laws or constitution of this state or of the United States, and shall hold examinations of candidates for licenses at such times and places as they may deem expedient.

SEC. 4403ff. The state board of medical examiners and licensers shall refuse a certificate or license to any midwife who is known to be guilty of felony, or of gross immorality, or who is known to make a practice of causing abortions, or to be addicted to the use of alcoholic stimulants or narcotic drugs to such a degree as to render her unfit, unsafe and irresponsible, and may revoke a certificate or license for like causes, or for palpable incompetency, or for neglect to make proper returns to the various health officers of births and cases of puerperal fever and other contagious diseases occurring in her practice.

SEC. 4403gg. Any person shall be regarded as practicing midwifery within the meaning of this act who shall publicly profess, by

advertisement, sign, card or otherwise, to be a midwife, or who shall, for a fee, attend a woman in child-birth; but nothing in this act shall be construed to prohibit gratuitous service in a case of emergency, nor to apply to legally registered and qualified physicians of this state.

SEC. 4403hh. Any person practicing midwifery in this state without first complying with the provisions of this act shall, upon conviction, be deemed guilty of a misdemeanor, and shall be punished by a fine of not less than ten dollars (\$10.00) nor more than one hundred dollars (\$100.00), or by imprisonment in the county jail or work-house for not less than ten (10) days nor more than ninety (90) days, or both, at the discretion of the court.

SEC. 4403ii. It shall be the duty of the state board of medical examiners and licensers, upon a proper application or complaint by any person or corporation or medical society, to cause the prosecuting attorney of any county in this state to prosecute any person or persons violating any of the provisions of this act within his county, and it shall be the duty of such prosecuting attorney to cause such prosecution. One-half of the fines collected under the provisions of this act shall be paid to the person or corporation or medical society making the complaint, and the other half to the treasurer of the state for the credit and benefit of the state board of medical examiners and licensers.

SEC. 4403jj. All moneys paid into the treasury of the state under the provisions of this act shall be placed to the credit and benefit of the state board of medical examiners and licensers.

SECTION 2. All acts and parts of acts inconsistent herewith are hereby repealed.

SECTION 3. This act shall take effect and be in force from and after its passage.

The McBride bill provides, in addition to the Avery bill, that the Governor shall appoint nine physicians from the four reputed schools of medicine in this state, so that the one having the greatest number shall not have more than five, and the next not less than two, and the remaining two not less than one each. It also provides that the Board shall make a report to the Governor on or before the fifteenth of December each year of all their doings, number of persons examined and rejected, amount of money received and how dispensed, what prosecutions (if any) were necessary, and their results. It also embraces the provisions of the Senate bill No. 122, which refers to the practice of midwifery.

DR. J. M. LATHROP.

Dr. J. M. Lathrop, who died at Dover, O., on last Tuesday, was born at Hawley, Franklin county, Mass., June 19, 1824. He received a common school education with the exception of a few terms at an academy. In 1847 he went to Harrisville, Va., and studied medicine with Dr. T. M. Harris, and after his pupilage continued to practice with his preceptor until 1859, when he removed to Dover, where he practiced his profession until the time of his death. In 1862 he received the degree of Doctor of Medicine from the Cleveland Medical College (medical department of Western Reserve College). Dr. Lathrop was one of the broadest and best read physicians in the county, and was esteemed and honored by all who knew him on account of his high professional attainments and integrity of character. His many kindly acts in the practice of his profession will long be cherished and remembered by his patients. His daily walk and conversation knew no guile and no man despised deceit and hypocrisy more than he did. He was actively engaged in the practice of his profession until within a few days ago, when he was seized with a chill, followed by pleuro-pneumonia. On Saturday of last week he sat up for two hours and ate some dinner. Shortly afterwards he grew worse and died the following Tuesday. His wife and three children who survive him have the sympathy of their friends in the time of their bereavement and sorrow. The funeral services were held at his late residence at Dover, Sunday, February 11, at 1 p. m. sun time.

Dr. Lathrop was a valued contributor to the *GAZETTE*, and his kindly face and fatherly advice will be missed in our office. He was an active member of the Cuyahoga County Medical Society, and at the time of his death had in preparation a paper to be read at the April meeting.

**A BILL FOR THE PREVENTION OF BLINDNESS IN THE
STATE OF OHIO.**

There was a meeting of oculists at Columbus, O., January 31, to consider a bill for the prevention of blindness among infants. Drs. Clark, Allen, Rogers, Brown, Bishop and Blake of Columbus; Dr. Baker of Cleveland; Drs. Ayres and Heflebower of Cincinnati, and

Dr. Green of Dayton were present. Dr. Ayres was elected chairman of the meeting, and Dr. Allen secretary. The following bill was adopted :

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio*, That should one or both eyes of an infant become inflamed or swollen, or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse or relative having charge of such infant to report in writing within six (6) hours to the physician in attendance upon the family, or, in absence of an attending physician, to the health officer of the city, village or township in which the infant is living at that time, or, in case there is no such officer, to some practitioner of medicine legally qualified to practice in the state of Ohio, the fact that such inflammation, swelling or unnatural discharge exists.

SECTION 2. Any failure to comply with the provisions of this act shall be punished by a fine of not less than ten dollars (\$10.00), nor more than one hundred dollars (\$100.00), or imprisonment for not less than thirty (30) days, nor more than six (6) months, or both fine and imprisonment.

SECTION 3. This act shall take effect and be in force from and after its passage.

ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

A special meeting of the Association was held at the Grand Pacific Hotel, in Chicago, at 3 p. m., Wednesday, February 7, 1894, to consider the following amendment of the Constitution, which is proposed by Rush Medical College:

Section V., Article 3, of the constitution of the Association of American Medical Colleges be amended to read as follows: "From students who intend to graduate in 1899 or in subsequent classes, four years of medical study and an attendance upon four annual courses of lectures of not less than six months' duration each, will be required. Provided, that graduates of literary colleges who have taken a course of four years, including study in the natural sciences, and graduates from universities and colleges that furnish a suitable course of scientific studies, graduates of schools of Pharmacy that require three years of study and adequate preliminary education, and graduates of dental colleges requiring two years of study and adequate preliminary education, may be admitted to the second year's work or course of lectures in the college without examination."

The present wording of Section V., Article 3, is as follows: "Candidates for the Degree of Doctor of Medicine shall have at-

tended three courses of graded instruction of not less than six months each, in three separate years."

About twenty colleges were represented at the meeting, and after a thorough discussion of the proposed amendment, it was decided to recommend that instead of making four years of six months obligatory, that, commencing with 1895, either a course of three years of eight months' duration, or a course of four years of six months be required. This matter will come up for final action at the San Francisco meeting in June.

PRACTICE OF MEDICINE.

"Some very good suggestions were made in these columns Friday by an "unemployed workman" anent the scheme of the doctors to control the practice of medicine in Ohio. Among other things suggested is that "no doctor, whether called regular or irregular, shall be allowed to charge one person for one day's service more than \$50." That proposition does not appear unfair. The doctors may claim that they have spent much time and money in learning how to treat difficult cases, and that for performing certain operations they should be entitled to due compensation for "knowing how" to do it. Extravagant charges are not made by doctors alone. Lawyers know just as well how to "get all there is in it." The writer also says "no doctor of any school should be allowed to charge more than 50 cents for a prescription or demand more than \$1 for a visit." These suggestions will meet the approbation of a very large number of persons who have been bled by doctors for prescriptions, and again bled by the druggists who have filled them and who "stood in" with the doctors on the general divide.

As supplemental to this, it may be suggested that the payment for a prescription should also include payment for the medicine prescribed. Many physicians include the medicine with the prescription, preferring to see it put up under their own supervision, if not by themselves.

Another thing he suggests is that "any doctor refusing to attend when called upon shall forfeit his license, or who objects to consult with any doctor of any school in a serious case, shall be punished; and that any doctor of whatever college or otherwise who is under indictment of the grand jury for any criminal offense, shall be debarred from practicing until punished or exonerated." The enforcement of laws based upon such suggestions would effectually wipe out of existence some "codes of ethics" that are supremely arbitrary; would hold physicians to a more strict accountability than is at present done, and would punish some crimes in a manner consistent with their enormity.

"An unemployed workman" might have suggested in addition that no doctor shall be entitled to compensation unless he effect a cure of the patient, on the theory that he earns nothing unless he accomplishes that for which he is called. This is after the Chinese plan.

That there are many abuses connected with the practice of medicine goes without saying. These abuses need heroic treatment more than do the patients of the present time. Legislation that will wipe them out will be more satisfactory than the proposed legislation to create a medical monopoly with full power to kill or cure, as the case may be, without regard to the victims or their friends."

The above editorial from the *Cleveland Plain Dealer* is about what would be expected from a millionaire editor who permits his columns to be controlled body and soul by the patent medicine fraud and quack doctor advertiser, who does not believe in medical legislation.

MEDICAL LEGISLATION.

As we go to press we learn that the State Senate has passed the Mosgrove medical bill, the text of which we published a few months since. While this bill is not as complete as the Avery bill we publish in this number, it is infinitely better than none at all. It provides for the registration of all physicians and midwives, and for an examination of all graduates wishing to commence the practice of medicine in the future. In fact, the only serious objection to the bill is the composition of the board, which will consist of seven members—three regulars and four of other schools. While this is unjust to the regular profession, who number at least three-fourths of the practitioners in the state, it is quite generally conceded that no other bill can pass unless it be one that provides three or four separate boards. It has been found practically that in those states in which mixed boards are established the workings of the board have been harmonious and a higher grade of excellence attained than with the separate boards. There is a strong sentiment in the House in favor of passing a medical bill. The members of the House are much above the average in intelligence and, we believe, in honesty of purpose. We know that with the undivided support of the entire profession—regulars, homœopaths and eclectics—we can secure

the passage of a bill this winter. If it is defeated it will be by the doctors, either from their active opposition or from their not taking an interest in the subject by making a personal appeal to their representatives. We again ask the five thousand readers of the *GAZETTE* to take a personal interest in this matter. Do not let the ambition of any one or more individuals who wish to be appointed on the examining board when established stand in the way of the adoption of some medical bill this winter. If the law does not meet with your entire approval it can be amended at some future time.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

MANUAL OF PHYSICAL DIAGNOSIS. By James Tyson, M. D., Professor of Clinical Medicine in the University of Pennsylvania, and Physician to the University Hospital, etc., etc. Second edition, revised and enlarged. Philadelphia: P. Blakiston, Son & Co., 1893.

As was to have been expected, the first edition of this admirable manual of physical diagnosis was soon exhausted and a second demanded. In the present edition, besides a thorough revision throughout, there have been added several subjects of great importance to both student and practitioner, viz., the method of examination of blood for the more important bacilli associated with the infectious diseases; the various chemical procedures required in the diagnosis of diseases of the stomach; also practical directions for making an autopsy.

The author's desire to secure conciseness with sufficiency is noticeable in this, as in all of his works.

Clear type and excellent illustrations combine to make an attractive book—a feature characteristic of the Messrs. Blakiston's publications.

NEW TRUTHS IN OPHTHALMOLOGY as developed by G. C. Savage, M. D. Thirty-two illustrations. Published by its author. Printed at the Publishing House of the M. E. Church, South Nashville, Tenn. 1893.

This makes a handsome volume of one hundred and fifty-two pages. The text is mostly reprinted from the *Ophthalmic Record* and other periodicals. We believe that if authors more frequently

collected their journal articles, addresses, lectures, etc., and published them in this manner, instead of flooding the country with text-books, it would be found advantageous to the publisher and redound more to the credit of medical literature.

Although we cannot accept as new truths all that our friend Savage claims, we cannot but admire his forcible presentation of his subject; and we know that anyone who reads his book cannot fail to find much of value. We would advise everyone who has not already done so to secure this little book.

A HAND-BOOK OF LOCAL THERAPEUTICS. By Harrison Allen, M. D., Emeritus Professor of Physiology in the University of Pennsylvania; Laryngologist to the Rush Hospital for Consumption. George C. Harlan, M. D., Surgeon to the Wills Eye Hospital and Eye and Ear Department of the Pennsylvania Hospital. Richard H. Harte, M. D., Surgeon to the Episcopal and St. Mary's Hospitals; Assistant Surgeon University Hospital; Demonstrator of Osteology, University of Pennsylvania; and Arthur Van Harlingen, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine; late Clinical Lecturer on Dermatology in Jefferson Medical College. P. Blakiston, Son & Co., Publishers, Philadelphia, 1893.

As local treatment constitutes a large portion of a physician's daily prescribing, a reliable book devoted exclusively to that subject is certainly a desideratum. In the work under review, almost every remedy of value for local use in affections of the respiratory passages, eye, ear and skin, have been fully and clearly described. The various agents being alphabetically arranged, makes it useful for quick reference. Two carefully prepared indexes, one of remedies, the other of diseases, concluded a convenient sized hand-book, which will no doubt find many readers among the profession.

ADDRESSES, PAPERS AND DISCUSSIONS IN THE SECTION OF OPHTHALMOLOGY, at the Forty-fourth Annual Meeting of the American Medical Association, at Milwaukee, Wis., June, 1893. Printed at the office of the Association, Chicago, 1893.

We are much disappointed in the appearance of the present volume, which does not compare favorably with previous volumes, in paper, type, press-work and binding. The papers, we think, are above the average; the discussions are reported somewhat more fully than usual, but are not as complete as we had hoped they would be, much being entirely omitted.

THE CLINICAL USE OF PRISMS; AND THE DECENTERING OF LENSES. By Ernest E. Maddox, M. D. Second edition, revised and enlarged. Published by John Wright & Co. Bristol: Simpkins, Marshall, Hamilton, Kent & Co. (Limited), London. 1893.

This is really a valuable little book, and a second edition being necessary so soon, it shows that it fills "a long-felt want." An elementary work on "prisms" is necessary for everyone who has to do with the fitting of spectacles, and we know of no work so well adapted to the needs of the beginner as this.

A SYSTEM OF LEGAL MEDICINE. A complete work of reference for medical and legal practitioners, by Allan McLane Hamilton, M. D., of New York and Lawrence Godkin, Esq., of the New York Bar, assisted by thirty collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated.

The great need of a standard American work on Medical Jurisprudence has long been felt; and this work gives abundant promise of being just what the Medical and Legal profession have so long wanted. Every department will be thoroughly and reliably treated.

NOTES AND COMMENTS.

Dr. F. D. Brandenburg has moved his office and hospital from No. 450 Prospect to No. 99 Huron street.

A congress of American physicians and surgeons will be held in Washington, D. C., May 29th, 30th, 31st and June 1st, 1894.

Dr. H. J. Lee.—Our readers will remember the accident which befell Dr. Lee some months since, in which his leg was broken in alighting from a street car. Before recovering, he had an attack of pneumonia, from which he is now slowly recovering.

The Western Reserve Medical Journal has again been resuscitated. Dr. H. S. Upson's name appears as editor, and Dr. P. Max Foshay as associate editor. Students' and college journals have not usually proved successful. We hope the Western Reserve will be an exception.

There is a project on foot in Detroit to unite the different medical societies of that city in one organization. Committees from the various societies have been appointed and are now discussing the matter. It is hoped that the profession may have a building of its own.—*Journal of American Medical Association.*

North-eastern Ohio Medical Society.—The annual meeting was held at Akron, Tuesday, Feb. 13th. The attendance was larger than usual. Dr. B. B. Brashear read an interesting paper on "Asthma." Dr. C. H. Evans gave a lecture on "Cellular Biology," and Dr. A. R. Baker read an abstract of a paper on "Mas-toid Disease." Dr. H. G. Sherman reported cases of "Iritis."

Dr. M. M. Bauer, of Mogadore, was elected president and Dr. Leonard re-elected secretary. The subject of the retiring president's address was "The Physician From a Financial Standpoint." We will publish this address in full in our March number. Much valuable time was occupied by the discussion of medical legislation, so that no time was left for the discussion on "Pneumonia."

Resolutions sustaining the action of the Muskingum County Medical society and recommending that the State Medical society meet somewhere else, unless a satisfactory adjustment can be effected, were adopted.

Alumni Association and Commencement Exercises of the Medical Department of the Western Reserve University.—The alumni and other friends of the Medical College of Western Reserve University (formerly Cleveland Medical College, Medical Department of Western Reserve College) are reminded that the conclusion of the present session (1893-4) completes the first half century of its life. In view of this, the faculty have made plans for suitable semi-centennial exercises on commencement day, February 28th, 1894. On this occasion an address will be given to the Alumni Association by its president, Dr. E. Griswold, Sharon, Pa., at 2 o'clock, p. m., standard, in the amphitheatre of the college, with other exercises of the Association. In the evening of that day there will be an address by Professor William H. Welch, of Johns Hopkins Medical School, Baltimore, Md., and an historical sketch by E. D. Burton, M. D., Cleveland.

The evening exercises will be held in some hall, to be announced hereafter.

All friends of the college and the public generally are cordially invited to be present at these exercises.

Advice to Members of Medical Societies.—In reviewing a late State Medical Association meeting, the Southern California Practitioner gives some good advice, which we take pleasure in reproducing for the benefit of our readers. It is as follows: Time your article beforehand. Boil it down until it can be delivered in fifteen minutes. This rule would have saved at least two hours for debate in the recent meeting.

Confine yourself to manuscript strictly—interpolations and after-remarks are wasteful and exceedingly tiresome.

Be familiar with your piece; one of the best articles of the session

lost not a little of its attractiveness because the author was unable to decipher his writing so as to read it in an easy manner.

Be brief; others are anxious to speak as well as you. Enthusiasm is a good thing, but when a doctor talks an hour he wearies his audience and cheats his colleagues.

Be sure you have something to say when you talk; then say it concisely, clearly and but once.

In discussions, don't repeat the author's paper agreeing in all points, briefly allude to them, and dwell only on something not yet mentioned. If a doctor reports a very unique case, don't dampen his ardor by always having one just like it. If you habitually do so you will be regarded as an hereditary exaggerator.—*The St. Louis Medical and Surgical Reporter*.

San Francisco Society of Eye, Ear, Nose and Throat Surgeons.—A regular meeting of the S. F. Society of Eye, Ear, Nose and Throat Surgeons was held at the offices of Drs. Powers and Hopkins, Thursday evening, Dec. 21, the president, Dr. Geo. H. Powers, in the chair.

A number of interesting cases were presented and discussed during the evening. Dr. Barkan presented an interesting case of embolus of the central retinal artery. The patient, Judge B——, after taking his usual afternoon bath, 15 minutes in duration and about 100° F., noticed at the dinner table, on trying to carve the turkey, that his sight failed him. On closing the left eye he found that he was absolutely blind in the right eye; before retiring he found the sight improved, insomuch as he could see his own outline in the mirror with the affected eye. He noticed no pulmonary disturbances. Dr. Barkan saw patient on the third day after the occurrence and found the following described condition: External appearance and tension of eye normal, with very slight reaction of pupil. *Fundus of eye*, optic disc and surrounding parts toward macula lutea show a delicate, grayish-white opacity. No signs of optic-nerve swelling and no hemorrhage. Blood-vessels are plainly seen, both arteries and veins are smaller than normal and there is a marked absence of small bunches. Seat of embolus could not be located, it being most likely in the trunk of the artery. There is a slight circulation in the vessels of the nasal side of retina, and there still remains a small amount of vision on temporal side. Left eye is normal and V, with proper correcting glasses equals 6-6. Therapy consisted in massage of the eye, the motion being directed from before backward, and was continued for several days twice each day, and eserine was instilled. After five treatments with massage, vision on temporal side was distinctly improved, and the circulation in fundus was markedly better, as confirmed by two colleagues who had also seen patient before commencement of treatment. Since this time there has been a gradual but small improvement in the circulation, but no marked improvement in the vision.

A case of double-sided glaucoma was also presented by Dr. Bar-kan, showing the interesting anomaly of arterial pulsation in the retinal vessels of left eye and a venous pulsation in the retinal vessels of right eye.—*Dr. W. A. Martin, Sec'y, in Pacific Medical Journal.*

A German View of "Americanism" in Modern Medicine.—

A remarkable article has recently appeared in the *Deutsche Medicinische Zeitung*. The author's personality is modestly concealed under the pseudonym "B. L. in W." His doleful lucubrations have been widely copied by the medical press of the Fatherland. The gist of B. L.'s terrible arraignment of modern medicine is that European, even including German therapy, is becoming rapidly "Americanized." How best to meet this depraved tendency in a downward direction is made the subject of his anxious inquiries.

The Teuton naturally stands aghast at the dismal vista opening before his dreamy eyes by the rapid strides of German medicine away from time-honored theorizing and scientific hair splitting, into the broad domain of common-sense and the practical. That is what it means for German medicine to become Americanized.

If B. L.'s representations can be relied upon, there must be great alarm in the inner circles of German medical autocracy, while German death-rates go on healthfully increasing.

We are told that "the American healing art has, without doubt, made extraordinary advances in the past few decades." It is indeed nothing short of disgraceful that the German public is beginning to ask German doctors to cure German ailments on the American plan.

The involuntary confessions of B. L. disclose a peculiar state of affairs. For while America still sends its annual quota of callow youth to the empire of William II., in quest of "higher medical education," the subjects of his Majesty are clamoring for transatlantic notions in the conduct of medical practice. Now, the Record has always believed in reciprocity. For this reason we will welcome to our shores all those German graduates who, after having been drilled in approved Teutonic methods of pure science, find themselves a trifle deficient in those minor qualifications of professional power which help to cure the patient. At the same time we are willing to send some of our own medical citizens across the waters, in order to find out the best-sounding Greek names for diseases which they have long known how to handle, though not, perhaps, to euphoniously designate. A fair exchange on such lines ought to be helpful all around.

But to return to the specific accusations of "Dr. Med. B. L. in W.": "No *materia medica* contains so many remedies as the American one; moreover, in variety of form and exhibition American drugs greatly exceed European requirements." Now, that is really too bad. The revisers of our *Pharmacopœia* ought to be at once despatched to Germany for the radical extirpation of their bumps of vulgar extra-

gance. Again, "American drug stores are veritable palaces; for the Yankees are the pharmacophile people *par excellence*. The American takes daily—apart from ice-water, hot bread, and countless mixed drinks—his pills, his powders, and his fluid extracts. That is why the Americans have such poor teeth, worse stomachs, and excellent dentists. These pernicious American habits produce neurasthenia, which is really only a symptom of western hyperculture." And this crazy hotch-potch, of ice-water, biscuits, fluid extracts, bad stomachs, neurasthenia and good dentistry is what we are seriously asked to regard as "Americanism." No wonder they are afraid of it, and are arming against its threatened invasion. We, too, intend to keep our eyes open. And as soon as the pathogenic microbe of this "Americanism" shall have been duly discovered by an enterprising Kochite, we mean to have some of it in pure culture for the protective inoculation of everybody—from the President of the United States all the way down to the latest imported anarchist and German pauper.

The great stress laid on the principle of "utility" in modern German therapy is another American innovation which B. L. denounces in sneering terms. The "ideal devotion to science has been replaced by a commercial rush after success, bread and butter, position and fame." Well, what of it? Why should the doctors starve in obscurity, while all other human beings are earnestly striving for adequate recognition of their laborious efforts?

In regard to the needless multiplication of new remedies, more particularly of antipyretics, narcotics, hypnotics and antiseptics, we are disposed to agree with our German critic. But when he asserts that these drugs are chiefly of American origin, and especially of western (Californian) extraction, he blunders stupidly. Germany is the native country of most of this new-fangled trash, which is thrust upon the market for purposes of sordid gain, and by no means in the interests of "purely disinterested science." The country that has given the world its tuberculin craze is ill-prepared to sneer at the land which has left to humanity the lasting heritage of chloroform anaesthesia.

When the erratic B. L. next takes up the cudgels to pound modern excesses in specialism, we are once more heartily in accord with his strictures. His jeremiade touching the decay of the family practitioner also contains a timely warning, but not one which fits our country better than Germany or the rest of the world. We quote the original as follows:

"Der moderne Hausarzt verwaltet sein dornenvolles Amt oft nur als lebender Adresskalender für Spezialisten, er ist fort und fort auf der Suche nach den allerneuesten Heilmitteln und Kurmethoden. In dieser wilden Jagt spielt er die traurige Rolle des Geheetzten, denn der Patient genießt zum ersten Frühstück bereits einen pikant zurechtgemachten Aufsatz über irgend ein neues Heilmittel gegen Diphtherie, über den Unterschied zwischen Asepsis und Antisepsis,

oft kaum 2 Tage, nachdem der Urheber-einen der vielen medicinischen Congresses mit seiner Neuigkeit beglückt hat—und drängt novarum rerum cupidus den Arzt auf die schiefe Ebene des Probirens. Dass das therapeutische Pfuschertum in den wie Pilze aus dem Boden schießenden Sanatorien, Nervenanstalten, Heilinstitutionen, Kurorten zum Ausdruck kommt, ist nur zu bekannt.

Again, when B. L. denounces the flourishing industries of massage, the "Kneip-Kur," suggestion-therapy, and similar fads, he inveighs unwittingly against Germanisms, not Americanisms. In fact, we fear his knowledge of the United States was exclusively evolved from his inner consciousness. Actual experience of American medical affairs he has had none. It is not surprising, therefore, that he knows so many things about us which are not so. Foreigners often do.

On the whole, we are not disposed to find too much fault with our German critic. He has said in plain language that American doctors are the best practitioners now extant, especially from the stand-point of advanced therapy. American medicine will presumably continue to draw lofty scientific inspirations from Teutonic sources. At the same time, however, we will continue to teach foreign flounders how to treat individuals afflicted with disease in a rational, effectual, satisfactory, and humane manner. The modern world has room both for German thoroughness and American practical common-sense, in all that relates to the healing art.—*Medical Record*.

Dr. M. L. Brooks.—The biblical limit of three-score years and ten has been exceeded in the case of Dr. Martin L. Brooks, who has been a well-known physician in Cleveland for nearly half a century. On December 8 Dr. Brooks passed the eightieth milestone in his long and useful career, and his age seemingly rests as lightly upon his shoulders as with many men a full score of years younger.

Dr. Brooks was born in East Berlin, Conn., on December 8, 1813. His father was a farmer in prosperous circumstances. In the year 1819 the family removed to Ohio, and a farm of one hundred and sixty acres was purchased in Carlisle, Lorain County.

The young man spent one year in Kenyon College, and when Oberlin College was opened he went there, beginning with second term of that institution. There he studied for two years, and then left for the Ohio Medical College, in Cincinnati, where he was graduated in medicine. He practiced in his profession for some time, and settled in Cleveland in 1848. Dr. Brooks retired from active professional duties about five years ago. During the Civil War he held the position of surgeon to the United States Marine Hospital in this city. In his earlier days he met the rising young lawyer who became the "Great Emancipator," and became personally acquainted with him. That was in 1839, when Lincoln was practicing law in Springfield, Ill. Dr. Brooks has a host of warm friends

in Cleveland, and they join in wishing him many more years of happiness and health, such as he seems likely to enjoy.—*The Leader*.

The Grinding of Specialists.—Lenses are ground. So are specialists. It is one of the many absurdities of our profession that a man can jump, at one fell swoop, and in the short period of four weeks, out of the province of general practice into the seventh heaven of specialism. To-day there is no fact more disgraceful to the medical profession than this. Rotten indeed are many of the medical colleges of this country, but far more harmful are most of the Post-Graduate Schools, Polyclinics and so-called Ophthalmic Colleges. Most medical schools profess to hold preliminary examinations of those who desire to matriculate; but in the Ophthalmic Colleges anyone can enter, regardless of lack of learning. We cannot condemn in a manner too emphatic the practice of grinding out specialists just as we would turn out a grist of meal or manufacture a link of sausage. Men without any preliminary education pass a few weeks in an "Ophthalmic College," receive an embossed certificate or diploma which heralds their coming to a waiting world, and go forth prepared to destroy vision and impair hearing. Such a condition of things, be it said to our national discredit, is purely American. These half-hatched and abortive products go about the country professing to perform miracles and really do a great amount of harm. They often prescribe concave lenses for hypermetropia and order cylindrical glasses for astigmatism without ever putting the accommodation at rest. Nor do they stop here. Many of them boldly cut recti muscles in children the victims of strabismus, where an intelligent practitioner would cure the case by a proper correction of the refractive error. They run up against cases of glaucoma and call them cataract, and talk flippantly about the ophthalmoscope without knowing how to use it. And when they operate for cataract—and spend an hour in trying to extract the lens—may the Lord have mercy on their souls! Such scoundrels, at times, visit all the larger cities, and many of the villages, of this country. Nor are all of these men itinerants. We know of such who are holding "professorships." Ye shades of Æsculapius! How little a man must know in order to be a "professor." Let him have a few dollars, an adamant cheek, and be *suaviter in modo*, and lo! the trick is turned. Much harm is done by gimlet-eyed jeweler-opticians who learnedly chatter about their cases of astigmatism, hypermetropia and myopia. We believe no one should begin the study of ophthalmology without a most thorough medical education, and then only after having had an extensive experience as a general practitioner, gained either in hospital or private practice, or both. In this way only can there be acquired such a breadth of learning, such a correctness of understanding and facility of resource that will enable the careful student of ophthalmology and otology to treat his patients wisely. The oculist should never forget that he

is a general practitioner in knowledge, if not in practice; and the family doctor should not consider it beyond his province to refresh his memory from time to time on such important subjects as iritis, glaucoma, cataract, mastoid abscess, etc. Thus the family doctor and the specialist can walk hand in hand, to the benefit of the patient and the honor of the profession.—*Tri-State Medical Journal*.

Among Our Exchanges.—We regret exceedingly that Dr. L. B. Tuckerman has been confined to his bed for the past three weeks, consequently we are obliged to omit "Among Our Exchanges" this month, which we know will be a great disappointment to all our readers.

Cuyahoga County Medical Society.—At the last evening meeting, a committee consisting of Drs. W. J. Scott, Chas. J. Aldrich and H. W. Rogers was appointed to make arrangements for the organization of a Medico-Legal section. Already a number of prominent attorneys have signified their intention of joining and we have no doubt but that the section will prove mutually advantageous to both professions.

The Cleveland Medical Society.—This vigorous society already has about two hundred members. At the last meeting a committee was appointed to consider the matter of publishing the transactions. The editors of the *GAZETTE* have frequently urged the great importance of having the transactions of local societies published, and we hope the Cleveland Medical Society will be able to teach the older societies a good lesson in this direction. At the close of the meeting the President, Dr. W. H. Humiston, invited the members to a luncheon in an adjoining cafe.

Dr. R. A. Vance is still confined to his bed. The Doctor at one time during his sickness suffered severely from hemorrhage from the stomach. We hope to see him out again soon.

Dr. H. W. Rogers has been elected secretary of the faculty of the Medical Department of the University of Wooster in the place of Dr. F. E. Bunts, resigned. Dr. Bunts has been recommended to the Board of Trustees to fill a chair of Surgery in the Medical Department of Western Reserve University.

Wooster Medical College Hospital and Dispensary.—The architect's plans have been approved and bids for the completion of the hospital are now being received. There are some unique features about this plan of combining a hospital and dispensary that we hope to present to our readers more fully at some future time. Definite plans for the new college building have not yet been completed.

Dr. G. W. Crile has been elected Professor of the Principles of Surgery in the Medical Department of the University of Wooster.

The Commencement Exercises of the Medical Department of Wooster, which occur Wednesday, March 21st, will be the first since it has become a winter school. All the old students are cordially invited to be present at the alumni meeting, which will be held at the College building in the afternoon. A banquet will be given at the Hollenden, to which all alumni, old and new, are cordially invited. The commencement exercises will be held in Plymouth church. Usual speeches, music, flowers, etc., etc. Public invited.

Cleveland Society of Medical Sciences.—At the last meeting, held in the Y. M. C. A. building, Monday, February 19th, the old officers were re-elected to serve the coming year. President, Dr. H. K. Cushing; Secretary, Dr. B. L. Millikin.

The day is far from remote when all great schools will give up all their so-called didactic teaching, and teach as we do—by patients and demonstrations. We consider that much of the time spent in listening to descriptions of typhoid fever and pleurisy is time wasted, unless there is a patient there upon whom the symptoms can be pointed out in part, as enumerated. Text-books and recitations under the direction of a practical man are much better means of imparting this kind of learning, and the lecture ought to go. All that should remain to remind one of it is the paper read by an expert to experts in societies, where, all having seen what the writer is talking about, may understand him as he goes along.—*The Post-Graduate*.

The whole management of dogs by the city fathers, here and in other places, is most illogical and useless. It is no prevention of hydrophobia to put a harmless muzzle on dogs, while all kinds of curs exist in the back alleys, and are not taken to the pound, because there won't be three dollars given to redeem them. If a high tax were put on dogs, and they were registered, this would be enough to prevent any dangers from their being abroad. It would end in the destruction of the curs, and allowing the noble animals to have a little liberty and pleasure, besides offering it to those who own them. A little more legislation about diphtheria and small-pox, and a little less anxiety about hydrophobia, and the public health would be greatly benefited.—*The Post-Graduate*.

At a late meeting of the Cincinnati Academy of Medicine, our distinguished friend, Dr. Thad. A. Reamy, said that "the medical profession of Cincinnati is a united, harmonious body; the medical schools of the city are at peace with each other; peace and good-will are inscribed upon our banners." We look for numerous pilgrimages to this medical Mecca on the banks of the Ohio. Others will want to see the wondrous spectacle and learn the secret of the medical millennium, that they may apply it to their own

cities that still retain the characteristics of earth.—*The American Lancet*.

Quack Nurses.—The quack is a member of all callings. In a late issue of the *Trained Nurse and Hospital Review* is an editorial strongly denouncing the quack nurse. It would seem that there is a "Corresponding Training School for Nurses." Formerly it asked for a year of reading before granting a diploma. Now it has reduced the time to three months and the price of the training and diploma to \$8, or two for \$15. The "announcement" teems with alluring promises of large pay with little work. Study for two hours a day for three months will assuredly enable the nurse to earn from twelve to twenty dollars per week.

Of these diploma-mills, there are said to be many. Of course the dupes of such schemes multiply.

Physicians are interested in having competent trained nurses. They can do much in ferreting out these fraudulent establishments and creating a public sentiment which will at least check their development. When apprised of the possibility of a quack trained nurse, they can in each case ascertain whether the applicant for position has received an actual training, or the flimsy one to which we have directed attention.—*American Lancet*.

Catarrhal Jaundice in Halifax.—During the months of October, November and December, an unusually large number of cases of catarrhal jaundice were observed in the city of Halifax. The disease was mainly confined to children, though many adults were affected. In some instances two or three cases happened in the same family. It was observed in all sections of the city. The onset of the disease was generally sharp, with chills, pains in head, back or limbs, vomiting or diarrhœa. Fever was rarely a noticeable feature. In the course of a few days the icterus appeared and run in children for about two weeks, in adults for a longer period. In some cases marked stupor was a prominent symptom for the first three or four days. In many instances the prodromal symptoms were marked, but no jaundice developed, though in all other respects the cases seemed alike.

Catarrhal jaundice has been known to occur in the epidemic form, and this outbreak is probably another example.

No cause can be assigned, though many suspect the outbreak to be probably due to the poison of influenza, as with the advent of colder weather the ordinary type of the disease appeared not only in Halifax but throughout Eastern Canada. Up to the present, we have not heard of jaundice being unusually prevalent elsewhere.—*Maritime Medical News*.

Consanguinious Marriages have been very favorably dealt with by a recent writer in the *Gazette Hopitaux*, who is far from taking the ground that such unions are inadmissible under any

circumstances. His advice is that in each case where such a marriage is proposed the medical man should make a careful study of the couple, their ancestry, physical and mental condition and surroundings. He should bear in mind that any hereditary taint transmitted through both parents is likely to be enormously exaggerated in the offspring, as shown by observation upon the human race as well as by experiments upon the lower animals. It is also against a consanguinous marriage that the man and woman should have lived in the same surroundings. Aside from these two obstacles, however, the marriage may safely go on.—*Northwestern Lancet*.

An Epidemic of Priapism is a recent medical curiosity related by a French army surgeon. The troops while marching through northern Africa halted at a station where nearly all the men were seized with prolonged and painful erections, followed by lassitude, dryness of the throat and finally in some cases by hæmaturia. Investigation showed that the men had eaten freely of frogs killed on the banks of a neighboring stream. Over the stream hung willow and poplar trees, upon whose branches were numerous insects of the family of cantharides. These insects fell into the stream, were eaten by the frogs and the frogs in time were eaten by the soldiers. The taste of the flesh of the frogs was said to have been in no way affected by their aphrodisiac diet.—*Northwestern Lancet*.

Things Worth Remembering.—It is authoritatively stated that headache almost always yields to the simultaneous application of hot water to the feet and back of the neck.

Ordinarily one woman in eight is sterile, but among women who have fibroids one in three is sterile. (Parvin.)

In facial erysipelas, where you cannot conveniently apply ordinary means, paint the part with ten per cent. iodoform collodion. (Prof. Gross.)

In posterior displacement of the uterus, always replace the organ before introducing the pessary; the frequent failure of its use is generally due to this cause. (Parvin.)

Where there is a collection of foreign matter, as pus, in the antrum of highmore, extract the first molar tooth (or more, if necessary), and drain the cavity in this way. (Sajous.)

For specific vaginitis, Prof. Parvin ordered mucilaginous injections and warm hip-baths in the acute stage, followed by injections of 1:100 corrosive solutions and tampons of boracic acid and glycerine.

Gelsemium will often do more good in irritable bladder than any other remedy. It is especially adapted to those women of hysterical type troubled by irritability at the neck of the bladder, calling for constant urination.

Without exception, the first symptom of pregnancy is an increased frequency of the desire to micturate.

Rhus aromatica, or the fragrant sumach, which grows all through the Northern States, is strongly recommended for incontinence of urine in atonic states of the bladder. From ten to fifteen drops of the tincture are given three times a day.

Salicylic acid is highly recommended as an application to ring-worm. It may be used as an ointment, but is much better as a saturated solution in collodion. One application is often all that is necessary to effect a cure, but it may be repeated if necessary. The pain caused is not usually severe.

Boro-tartrate of potassium is the first remedy for calculus in pelvis of kidney; a weak solution must be used, and for a long time, a strong being detrimental. (Bartholow.)

Drop into urine in a test tube a few drops of the tincture of guaiac, heat it about 100°, and if it turns pale blue, pus is present in the urine.

Houghton, of Dublin, says that two hours of severe mental labor abstracts as much vital strength from the system as a whole day of physical labor.

Unna treats "red nose" with zinc-and-sulphur ointment externally.—*Massachusetts Medical Journal*.

Decay of Books.—M. Delisle, the principal librarian at the Bibliotheque Nationale in Paris, warns us that our modern literature is destined to perish. Of the two thousand and odd volumes published annually in France, not one, he thinks, will remain after a certain time. Cheap paper is a splendid thing in its way, but this is the price we must pay for it. Old-fashioned paper made from rags has stood the test of hundreds of years, as the many fine specimens of fifteenth century printing show, to say nothing of still earlier books in manuscript. Nowadays, however, paper is made of all sorts of material of a more or less perishable character. In particular, as M. Delisle points out, books printed on paper made from wood pulp soon begin to rot away. At first the pages are covered by yellow spots, and these are replaced in course of time by holes. Even so-called hand-made papers are often no more durable, being treated with chemicals that slowly destroy them.—*London Daily News*.



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ORIGINAL ARTICLES.

GASTRIC ULCER.*

BY DR. FREDERICK KINSMAN SMITH, CLEVELAND, OHIO.

My present remarks on the etiology and treatment of gastric ulcer will take into consideration only the simpler form of the disease, leaving entirely out of account those changes and complications which may occur in severe cases and with a long continuance of the trouble; nor do I attempt any full presentation of the subject thus limited, but desire to give a few notes and suggestions which may serve as a basis for criticism and discussion.

The pathological anatomy of gastric ulcer is well known. Its etiology and pathology proper, on the other hand, are still largely clothed in obscurity, owing to its inaccessibility to direct observation. The knowledge of it which we now possess has been obtained by indirect means—post-mortem conditions, observation of stomach contents, reasoning from analogy with pathological processes in other parts of the body and their attendant symptoms, and by experiments on animals with examination of results post mortem.

The essential element in the formation of an ulcer in the stomach has, of late years, been accepted as an auto-digestion of the stomach wall, following an interference with the circulation over a limited area, with consequent lowered vitality or necrosis of the mucous

*Read before the Cuyahoga County Medical Society, February 15, 1894.

membrane, which gives the gastric juice an opportunity to attack where previously the alkalinity of the blood in active circulation, or the conditions present in the living cell, served as a defence.

This local disturbance of the circulation might occur from direct traumatism or irritation, by means of agents entering the stomach; by indirect agencies, such as a blow, pressure, or a burn on the surface of the body, leading to congestion of the stomach; or from embolism, or degeneration of the vessels in conditions or diseases accompanied by such changes, in all of which cases the interference with local blood supply is followed by necrosis and ulceration in the way mentioned.

We find, further, that ulceration is frequently accompanied by anæmia, especially in connection with chlorosis and menstrual derangements, and that hyperacidity of the gastric juice is frequently present, which facts have led to the acceptance of these conditions as important predisposing causes.

When, however, we have taken into consideration all of the above causal conditions, even admitting that the mode of development is always the same, *i. e.*, by interference with the local circulation and nutrition, we find ourselves, in a considerable number of cases, still at a loss to explain the presence of the conditions necessary to such interference. While in every case we must assume a local cause which determines its occurrence at a particular point in preference to other points, there are many cases in which we find no evidence of traumatism or irritation, or of the existence of any infectious or cachectic disease, to produce the necessary local conditions. Hyperacidity, while a usual accompaniment, is not a necessary condition, as the amount of acid may be normal or subnormal. The anæmic condition is often absent, or present only in slight degree. Neither anæmia or hyperacidity, accordingly, can be accepted as a necessary factor.

While, therefore, we find the usually accepted theories of etiology sufficient and fairly satisfactory in a certain number of cases, we also see that they do not satisfactorily explain the remainder—a considerable proportion of the whole number. At the same time, we find similar characteristics of appearance, location, sex and age of patients, in so large a number of cases belonging to this unexplained

residue, that we are drawn to a belief in a common etiology for them.

This belief in a common—or at least frequently effective, as yet unexplained—cause for the typical round ulcer has led to numerous experiments on animals and the promulgation of various theories.

Of the experiments and theories on this subject for the past few years, the following are some of those which I have happened to come across:

Aufrecht,* in experiments on the production of nephritis, found the subcutaneous injection of cantharidin to be followed by ulceration of the stomach. The detailed conditions presented in these experiments on guinea-pigs and rabbits were such as to lead him to infer that local inflammation was the primary condition, followed by extravasation of blood. From this he reasons that gastric ulcer in man probably begins with inflammation rather than hemorrhage.

Rasmussen† found, in autopsies, many cases with furrows or grooves on the surface of the stomach, caused by the pressure of the costal edge, with the serosa often thickened, sometimes adhesions to the diaphragm and sometimes atrophy of the mucosa at these points. In one of the Copenhagen hospitals scars of gastric ulcer occurred in the bodies of seven per cent. of the men and in from thirty-two to thirty-six per cent. of the women, mostly near the middle of the lesser curve; just where the pressure furrows occur. He thinks the theory of a pressure necrosis more satisfactory than that usually adopted, of thrombosis or embolism.

Decker‡ fed two dogs repeatedly with semi-solid food at 120° F., one four, the other eight times. At the autopsy of the first dog, the only abnormality on the mucous membrane of the stomach was a spot of hemorrhagic extravasation at the lesser curvature. In the second dog were found a hemorrhagic spot, with the mucous membrane over it somewhat shriveled and separated from its base, and two typical gastric ulcers.

*Lancet, 19 Ag., 1882. Medical News, XLI, 290, 9 S., 1882.

†Centralblatt f. d. med. Wissenschaften, No. 10, 1887. Medical News, L, 412, 9 Ap., 1887.

‡Fortschritte der Med., B. v. 415. Am. Jour. Med. Sc. XCV, 77, Ja., 1888.

Ritter* found, in dogs which had received rather heavy blows in the region of the stomach, regions of hemorrhage beneath the mucous layer, which would probably have led to ulcers if the animals had been allowed to live. He concludes that the action of trauma is probably connected with the quantity and quality of the gastric secretions; that a more chronically acting trauma, by disturbing the circulation, plays a prominent role, and that the use of the corset is a frequent factor by pressing the stomach against the vertebral column.

Talma† concludes that an important cause of gastric ulcer is tonic spasmodic contraction of the stomach wall in the pyloric region, which causes pressure on vessels, hemorrhage, necrosis and ulceration. His experiments on rabbits, causing gastric contraction by irritation of the left vagus, gave results which showed a great likeness in symptoms and lesions to those found in man. He believes that hyperacidity is often the cause of gastric spasm, and that the more frequent location of lesions in the pyloric region is due to the stronger muscles in that locality, and consequently greater contractions.

Enriquez and Hallion‡ reported recently, in Paris, a series of observations in which they found the subcutaneous injection of the toxin of diphtheria in guinea-pigs and dogs followed by ulceration of the stomach. The morbid changes were seated almost exclusively in the pyloric region and upon the lesser curvature. The nature of the changes found upon careful examination indicated the occurrence of arteritis related to the toxic injections, with the development of ulceration in the area supplied by the affected vessels. The analogy between the ulceration thus artificially induced and the condition as it is encountered in man was noticeable.

Other experimenters§ have induced gastric ulceration by the intravascular injection of pus, by the intra-peritoneal injection of

*Zeitsch. f. kl. Med., B. XII, H. 5, 6, 582. Am. Jour. Med. Sc. XCV, 77, Ja., 1888.

†Zeitsch. f. klin. Med., 1890, XVII, 10. Am. Jour. Med. Sc., 1890, c. 624.

‡La Semaine Medicale, No. 73, 1893, p. 579. Med. News, LXIV, 154, 10 F., 1894.

§Med. News, Phila., LXIV, 154, 10 F., 1894.

staphylococci and by the intra-gastric and intra-peritoneal injection of bacilli found in some cases of dysentery.

Dr. Stockton,* of Buffalo, sets forth the theory of a definite neuropathic change as the origin of the typical round ulcer, experiments having shown that conditions of the nervous system may be causative, injuries to certain points in the central nervous system being followed by ulceration. The fact that the typical round ulcer occurs with greatest frequency in young women and in a limited area of the stomach wall, which conditions we should expect, *a priori*, to find the exception rather than the rule, under the usually accepted theory of its etiology, leads him to reject that theory for this class of cases. He finds an analogy between the occurrence of ulceration and the determination of the position of herpetic eruptions by the distribution of certain nerve branches, and also certain local affections known or supposed to be of nervous origin. He suggests that, to use his own words, "by the influence of some process analogous to herpes, or to idiopathic hematoma auris, or to Raynaud's disease, or to herpetic gangrene—some distinct or persevering nerve perturbation—we may best explain the recognized but unaccounted-for feature of the clinical history as to location, age and sex."

It is to be noticed as rather remarkable that, in a number of the experiments mentioned, *i. e.*, after giving hot food, after spasm of the stomach produced by stimulation of the pneumogastric, after subcutaneous injection of the toxin of diphtheria and possibly in other instances, also in the greater number of cases in the human stomach as shown by autopsies, the ulcers are found in approximately the same region, posteriorly, in the pyloric region, near or on the lesser curvature. This uniformity of position with diversity of causes would indicate an explanation rather in the existence of some common causal condition in the anatomy or physiology of the stomach, than in the same or analogous action of the exciting causes.

Animal experimentation on this subject has been carried out by using various agencies and procedures to produce ulcers and studying *post mortem* the results so obtained, knowledge of the conditions at varying periods being obtained only by using a number of animals for similar experiments and allowing them to live for different

*Med. News, Phila., LXII, 34, 14 Ja., 1893.

lengths of time afterward. If means could be devised by which the effect of the various agencies could be subjected to direct examination in the living animal, the results would undoubtedly be of great value in elucidating the problems connected with this disease. It has occurred to me that this might be accomplished to a limited extent by the use of the electric endoscope in animals in which a gastric fistula had been produced, with a canula sufficiently large to admit the endoscope. I have never heard of such experiments being made or suggested, but possibly they have been.

One possible factor in the pathology which appears not to have received the attention it may deserve, is the presence of infective organisms in the ulcer, which may aid in opposing the recuperative efforts of nature. It is admitted that the gastric juice is normally, to a degree, antiseptic; but it still remains possible that infective organisms may be present in these ulcers and not be destroyed by the gastric juice, even when abnormally acid. As to the possible influence of infection, we may reason from the apparent analogy between gastric ulcer and the chancre, or the aphthous ulcer in the mucous membrane of the mouth, in both of which a tendency toward cure by nature's methods is slow in manifesting itself, but which, under proper treatment directed to the destruction of the infectious agent, immediately show a change toward improvement.

Another interesting question is the nature of the relation between gastric ulcer and the menstrual irregularities which so frequently accompany it. The usual explanation is that anæmia is responsible for both, they being found together as effects of the same cause. But menstrual derangements may occur in cases of ulcer without apparent anæmia; or anæmia may be a consequence rather than a cause, and, by cure of the ulcer, both anæmia and menstrual disorder may disappear without further treatment.

The acidity of the gastric juice in its clinical relations to ulceration has been carefully investigated by various workers, who have generally concluded that hyperacidity is present in the greater number of cases, but not in all. Experimentally, also, it has been shown that an increased amount of acid delays the healing of injuries to the mucous membrane, which otherwise are rapidly repaired. These

observations indicate that hyperacidity may have an important influence in prolonging the difficulty, if not in causing it.

In the treatment of gastric ulcer, the first aim of all forms of procedure is to secure rest and prevent disturbance of the part during the progress of healing. Struempel, Osler and others direct absolute rest in bed, without specifying any possible exceptions. Dr. Welch, in his article in Pepper's "*System of Medicine*," directs treatment in bed "in all cases of any severity," which seems more reasonable in the class of cases to which I have limited this paper, as it would seem folly in cases little affected in general health and without apparent tendency to severe hemorrhage to deprive them of the beneficial influence of exercise and open air. To keep the stomach at rest, however, as regards the action of its own muscles, is of first importance, and it is to this end that all dietetic treatment is directed, the necessity of providing the patient with a sufficient supply of nutriment being, at the same time, constantly in mind.

One of the methods naturally suggested, at the present day, is to withhold food entirely from the stomach and rely on rectal alimentation. Of the details of applying this treatment I shall say nothing, except to repeat a suggestion of Dr. Wolff,* of Philadelphia, to add to the enema a half grain of cocaine, instead of the opiate often used, to allay the irritability of the bowel and aid in the retention of the enema, which method he has found of great utility.

Rectal alimentation will answer for short periods, and its use for a number of weeks continuously has been reported, but, as a rule, it is not found satisfactory for extended treatment, which makes it desirable to find satisfactory means of feeding by the stomach.

The requisites for foods to be given by the stomach are that they should be as little irritating as possible, provoke but little peristaltic motion, require the minimum aid from gastric digestion, remain in the stomach but a short time and not be liable to abnormal fermentation. These conditions limit us to foods fluid or semi-fluid in form. The most commonly recommended articles are some liquid preparation of beef, preferably partly digested, such as Leube's beef-solution, on which he has mainly relied, and milk in some form.

*Med. News, LXII, 125. 4 F. 1893.

Sweet milk may be used in some cases with satisfactory results, but usually the coagula formed in the stomach prove irritating; sometimes buttermilk is better borne; in general, however, it is necessary to prepare the milk by partial peptonization. In a large number of cases these two articles, the beef-solution and peptonized milk, may be relied on, but in others they are found irritating, or the patient objects to them for a continued diet.

In 1891 three cases were reported* from Dr. DaCosta's clinic, in which the patients were kept on an exclusive diet of ice cream for periods of from four to eight weeks, with the happiest results. This was without accompanying medicinal treatment, excepting in one case in which nitrate of silver was tolerated by the stomach. In one of the cases there had been perforation and localized peritonitis.

Ice cream would seem so to fulfill all the requirements already named as to non-irritability and ease of digestion, as to become an ideal food in gastric ulcer, and the comparative ease with which it may be obtained and its acceptability to most patients apparently entitle it to the first choice in the effort to provide the individual patient with nutriment. I cannot see any objection to be urged against it, provided its freshness and purity are assured.

While generally admitted that dietetic treatment is the first consideration, medicinal treatment may assume an important role.

If anæmia is present, the selection of a remedy must be made with especial reference to its non-irritability. The albuminate of iron has been used with excellent results,† and hæmol and hæmogal-lol would seem to promise much.

There is little reason to suppose that treatment aimed at direct action on the ulcer itself would be of much avail. The use of nitrate of silver, which has been a common treatment, seems especially absurd, as it would presumably be decomposed by the fluids with which it comes in contact long before it reached the vicinity of the ulcer. If, however, the theory of local infection of the ulcer should be accepted, the use of antiseptic solutions would be indicated. Boric or salicylic acid could be used, or if alkaline solutions were

*Med. News, LIX, 155, 8 Ag., 1891.

†Gempt, Berl. kl. Wochenschrift, No. 15, 1886. Am. Jour. Med. Sc. XCII, 541, 1886.

used to counteract excessive acidity, they could be given in connection with the sulphites or with resorcin. The latter has been considerably used and promises to be valuable both for its antiseptic and its anelgesic properties.

The various conditions and complications requiring special treatment I shall not consider in the present paper.

The one case which I report is of special interest only as an additional illustration of the use of an ice cream diet.

Miss R., aet. 31, was seen on April 5. For two months previously she had been troubled with frequent bloating of stomach and abdomen, and for several days had had a burning sensation in the epigastrium, which became worse on the preceding day, especially toward evening, and at 11 o'clock P. M. greatly increased, extending upward to the throat and base of tongue. Vomiting followed in a few minutes, the ejected material containing a few small clots of blood, one as large as the end of the little finger, the other smaller. Several spells of vomiting occurred during the next hour, and one at 4 A. M., which were not so severe as the first. During the day the patient was able to take nothing into the stomach, even water causing vomiting. In the evening, however, she took a small amount of food, and again the following morning. During the forenoon she again experienced the burning sensation in the stomach, which was followed by vomiting. I now advised the trial of ice cream. The patient finding that she could take this without the slightest distress or nausea, it was continued as the exclusive diet and treatment for four weeks, and, with addition of beef broth and corn starch cooked with milk, for a further period of two weeks. This additional food occasioned a slight discomfort for a few days only after beginning it. For a couple of weeks after the discontinuance of the ice cream the diet was restricted, after which time recovery appeared complete. Neither peptonized milk, beef solution, nor other specially prepared food was tried, as the ice cream filled every requirement. During the course of treatment the patient lost from ten to fifteen pounds in weight, which she could well spare, and the lessened weight was rather agreeable to her than otherwise.

Previous to the discovery of the gastric ulcer, the patient had for about one year been subject to occasional amenorrhœa, which disap-

peared with use of pot. permanganate. For four months preceding, she had menstruated every week, but with small amount of flow, the total amount being less than normal. After recovery, menstruation was somewhat irregular, occurring at intervals of three weeks for some months, after which it became normal. With exception of pot. permanganate for the amenorrhœa early in the history of the case, no medicinal treatment was used for either the ulcer or the menstrual irregularities.

In conclusion, I will say, as I stated at the start, that I have attempted only a fragmentary presentation of the subject, omitting almost entirely what is reiterated in the text books, only calling attention to some of the more recent suggestions for treatment, and to some of the etiological problems awaiting solution. These problems I have made little attempt to answer, only endeavoring to set them forth in a somewhat logical fashion. In the discussion I hoped to bring out remarks which would tend further to elucidate the etiology and the experience of others in the details of treatment mentioned, as well as further suggestions.

THE PHYSICIAN FROM A FINANCIAL STANDPOINT.*

BY A. B. WALKER, M. D., CANTON, OHIO.

It is generally considered by the laity that physicians make their money easy and are wealthy, when it is a fact that very few get rich from their practice alone and the majority of them die poor. It requires a longer time and the expense is larger to prepare and educate one for the practice of medicine and surgery than any other profession, and as their responsibilities are greater, they should be the best paid. But the truth is, physicians are not the best paid. Lawyers get better fees than they, which is not right, for a man should be and is willing to pay more to have his pain relieved or his life preserved than that of having his property saved. Then, attorneys often get paid in advance, or their fees secured, which is impossible for physicians.

*Address of the President, read before the Union Medical Association of North-eastern Ohio, February 13, 1894.

The medical profession is largely to blame for the low fees it receives. When an attorney is called on for advice he listens attentively to his client, noting down carefully every point that might be of interest, and if the case seems to involve many technical questions, he will ask further time to look up the law. When the client leaves he feels that his case has received the proper attention and will be looked after, and is willing to pay liberally for the advice and counsel he has received.

But when a physician is consulted he very often (and too often) gives his patient a hasty examination, which simply consists in feeling his pulse and looking at his tongue, then writing a few lines on a blank furnished him by the druggist, or wrapping up some tablets or powders for him. When the patient leaves he feels that he has not taken much of the physician's time and that there was nothing seriously wrong with him, or else the physician was careless, and consequently he expects to pay but a small fee.

To enable the physician to get better fees and thereby elevate the standard and dignity of the medical profession, he must give his patients better attention and spend more time with them. Take as an example a case of asthma. A physician should not be content to feel the pulse, look at the tongue and examine the chest, and prescribe some of the opium mixtures, the iodides or stramonium and nitrate of potassium fumes, which he knows will only give temporary relief, or recommend change of climate. But let him look carefully into its etiology. He should be prepared and examine the nasal, pharyngeal and laryngeal organs with the proper light and appliances, when in a very large per cent. of the cases he will find the cause and be able to remove it, when his patient will be so thankful that he will gladly pay him a good fee, and he will have the courage to charge him well for his services.

Again, take a case where the hearing is being impaired, which is too often attributed to a little exsiccated cerumen in the external auditory canal, which may be only a secondary condition, the primary or real cause being in the nasal or pharyngeal cavities. Very many cases of the kind might be given, as the disorders of the stomach, disturbed heart's action, pain over region of kidneys, etc. All should receive careful attention. Their etiology ascertained, and,

when possible, removed, when the physician and surgeon can conscientiously charge a good fee. The laity is willing and will pay when cured, using their language; and, gentlemen, many more cures could be performed if physicians would give more time in their examinations and investigations. The services of a physician are estimated by his ability to satisfy his patients as to the existing trouble and cure them if possible.

As the majority of people were poor when fee bills were first made, they were necessarily low and it is hard now to get a good fee, unless for some surgical operation to save life or wonderfully benefit the patient. Yet, when there is a necessity for a special examination and treatment, which is nearly always the case, a fair fee can be realized. "All that a man hath will he give for his life," and truly, "There can be no enjoyment of life without health."

The value of a physician's work cannot be estimated like that of a mechanic, who only requires a certain amount of mechanical skill to make a plow or a machine, and with a few years' experience is able to do his best work, while the knowledge of a physician is cumulative. Years of experience add much to his worth. One who has practiced ten or fifteen or twenty years, and has been a careful observer, will have an immense amount of information gathered from hundreds of cases.

The physician makes greater sacrifices than any other professional or business man, as he is expected to go at all times, night or day, having no Sundays to rest his troubled mind and wearied body. Then, again, he takes greater risks by being exposed to the many contagions, as well as the accidents incident to travel. Communities do not realize the hardships endured, the self-sacrifices made and the wonders wrought by the medical profession.

There are many who blame the physician because the people die, forgetting the divine enactment, "It is appointed unto all men once to die."

The physician's services cannot always be reckoned by dollars and cents. Money will not pay him for his sympathy and the dreadful anxiety he has to suffer. There is no such strain in any other business. He cannot help, oftentimes, suffering with his patients. It may be often a dear friend, or a father or mother of a large family,

whose life he is endeavoring to save, which causes him to feel the responsibility all the more. This is painful for him to endure, and, in addition to all this, his reputation is at stake.

The medical fraternity is, as a rule, too careless about the collections. Immediate payment should be expected for all services rendered. The idea of running many and large accounts for an indefinite time is unbusinesslike, and the medical profession should change its way of doing business. There is no reason why physicians cannot work on a cash basis, or nearly so, as well as any other profession or trade. Very many persons are better able to pay cash at the time services are rendered than they are weeks, months or years afterward. It should be the custom to expect the cash for all services when rendered, and if not paid, to ask for it.

If the physician will adopt and put into practice for one year the suggestions made herein, I feel confident he will have accomplished more good work and his patrons will be far better pleased. And last, but not least, the physicians will have more money and not so many uncollectable claims.

REPORT OF A CROSS BIRTH.

BY O. T. THOMAS, M. D., CLEVELAND, O.

Mrs. ———, aged 32, multipara, had been in hard labor pains for over an hour when I first saw her. While making an examination, she gave the history of a former severe and long labor, during which her perinæum had been torn and cervix uteri lacerated bilaterally; no surgical interference for repair had been made. So severe and so rapidly recurring were the pains that there were signs of speedy exhaustion. Membranes had ruptured forty-eight hours previously. I found the breech in the right hypochondriac region, but was doubtful as to the position of the head; the back looked posteriorly; foetal heart sounds could not be heard.

On digital examination, the pelvis seemed to be about normal in capacity, the os quite widely dilated, and a shoulder firmly impacted in the superior strait. With a dry labor, the shoulder so solidly fixed, and the general condition of the patient so unfavorable, I

feared to anæsthetize the woman and attempt a version, for now, with every pain, I watched anxiously lest the uterus should rupture. However, the pains grew less strong and less frequent with the steadily increasing exhaustion of the patient.

Dr. Foshay, for whom I had sent, concurred with me in the diagnosis and also prognosis of both mother and child. The latter we believed was dead, and the mother's chance for life lay only in an embryotomy.

After the necessary explanations and assurances, we obtained the consent of both parents to perform the operation. Whether the suggestion of extracting the child piece-meal or the long rest from pains acted as a stimulus to further contractions, I will not say; but, nevertheless, marked pains again began, and to our intense relief and great surprise, a change in the relation of foetal and maternal parts had already occurred and the shoulder was fairly within the pelvis. Shortly after the left arm was loosened and protruded from the vulva. The left blade of the forceps was then inserted, and using it merely as a lever and the protruding arm as a tractor, the parts were soon brought to the vulvar outlet. The blade was then removed and the perinæum carefully guarded until well thinned out, when, with a strong pain, the body was expelled as though from a catapult—so rapidly that, even with the parts fully exposed, the movements could scarcely be followed. The child lay on the bed in about the position it had occupied in utero—its head flexed upon the abdomen so strongly as to indent the latter, and with its left forearm between its neck and thorax. In this position, with the exception of the left arm, the child was delivered. It weighed almost six pounds. The placenta came away immediately. There was no fresh tearing of the perinæum.

The mother reacted nicely, and the whole puerperium went on uninterruptedly. She remained in bed eleven days, and when I last visited her the uterus was involuting normally.

CLINICAL FRAGMENTS.

BY MARCUS ROSENWASSER, M. D., CLEVELAND, O.

MALIGNANT UTERINE DISEASE.

The difficulties that beset one in the proper management of acute critical conditions find a counterpart in kind, if not in degree, in the recognition and treatment of malignant disease. In the former, promptness will often turn the scales favorably, while a trifling delay may suffice to depress the balance fatally. There is no doubt but that there is a period in the development of malignant disease when prompt action will cure. In many instances we are consulted after the days of grace are long past, hence we are powerless to help. But "the more's the pity" if delay and consequent disaster can justly be laid at our door. With but rare exceptions, there is no reason why malignancy in uterine disease cannot be early recognized, or at least suspected.

Omitting those cases of nodular cancerous infiltration of the vaginal portion, which are accidentally discovered before any symptoms have become manifest, we have in *hemorrhage* one of the early signs of malignant disease. Sometimes a *profuse watery discharge* is the forerunner even of bleeding. The hemorrhage takes place either during the menstrual period as *menorrhagia*, or at odd intervals between periods, as after exertion or coition, or, independently, long after the menopause. In the latter event it is almost pathognomonic. Delay until the appearance of all the classical symptoms—hemorrhage, offensive discharge and pain—is fatal to complete success, and, of course, ultimately to the victim. Age is a predisposing cause, but must not be relied on in the differentiation. Physical examination, the curette and the microscope, singly or combined, are our efficient aids in the diagnosis. Where the experienced finger and the eye cannot make a decision, the scissors or the curette and the microscope may add such information as will determine the advisability of early interference or judicious delay. If we are left in doubt after exhausting our means of diagnosis, speedy recurrence

of the symptoms after thorough curetting serves as corroborative evidence.

Viewed from the clinical standpoint, it matters little whether the new formation be adenoma, sarcoma or carcinoma; *its early and most radical removal* is the only rational treatment. The extirpation must be *early*, before the spread of infectious material into contiguous lymphatics or glands. Once the disease has extended beyond the womb and its appendages, the doom of the patient is sealed and the surgeon's sphere of usefulness is limited to feeble efforts at palliation. The operation must be *radical*, including uterus and adnexa whenever possible. The line of demarcation of the epithelioma of the cervix may be distinct, the tissue beyond may appear normal, yet the disease may permeate to the fundus, rendering any half-way measures worse than useless. What surgeon would to-day advocate ablation of half the breast because the remaining half may seem unaffected? Our safety lies in applying the same logic to the surgery of the womb that holds and is universally recognized in the surgery of other glands. The following cases have been selected as typical illustrations of failure or success, dependent on deviation from or adherence to the line of action briefly outlined in these preliminary remarks:

CASE VI.—EPITHELIOMA (APPARENTLY) OF THE VAGINAL PORTION.—CONICAL EXCISION.—DEATH FROM SHOCK ON FIFTH DAY.

Mrs. H., referred by Dr. Orwig, was a high liver, very fat, weighing 215 pounds and over. She was forty-one years old and had given birth to one set of triplets and three pairs of twins. Her health had been good and her menstruation regular, of four or five days' duration, until a year ago, when the flow became profuse at each period. Coition was also followed by loss of blood. During the past five months the hemorrhage has been continuous, accompanied by a cutting, wrenching pain in the left side. The anterior lip of the cervix is large, filling the vagina so that the posterior lip can be reached with difficulty. A disintegrating ulcer extends around the os with a distinct line of demarcation about the vaginal portion. The diseased tissues break down readily under pressure of the finger, bleeding freely.

Operation November 1, '90. It had been my intention to scrape away all softened material with the curette and then to use the thermo-cautery. Under ether the vaginal portion was drawn down, and discovered such a beautiful *demarcation between diseased and healthy tissue* that I was deluded into the belief that the entire malignant mass could be excised. A conical excision of the cervix was therefore made through the apparently normal organ, the apex of the cone reaching the internal os. The hemorrhage was considerable even after charring the tissues with the cautery ; it was controlled by an iodoform gauze tampon. Inspection of the piece removed showed its substance infiltrated with cancerous deposits. After the operation there was intermittent vomiting for four days, the pulse continuing rapid and feeble. Removal of the tampon on the fourth day was not followed by bleeding or foul discharge. Death came suddenly on the fifth day.

Autopsy a few hours after death. Antemortem clot in the heart. Gallbladder occupied by a large gallstone, forming a cast of the same. Liver and kidneys fatty. *Body of uterus and ovaries infiltrated with cancer deposits similar to those in cervix.* Neither blood nor pus in the pelvis.

CASE VII.—EPITHELIOMA OF VAGINAL PORTION WITH INDURATION OF BASE OF RIGHT BROAD LIGAMENT.—HIGH AMPUTATION.—RECOVERY.—DEATH FROM RECURRENCE IN FOUR AND ONE-HALF MONTHS.

Mrs. W., referred by Dr. Towslee, a little wiry woman about forty years old, with sallow, anæmic complexion. Had been married twenty-two years but had never been pregnant. Her general health good until two years ago, when she began having a mucous vaginal discharge which gradually became watery and profuse. She was told by her first physician that she had a "hardening and ulceration of the womb." Dr. Towslee had regarded the ulcer with suspicion from her first examination. The patient was seen by me in May, '92. She had not suffered any pain nor lost in weight, but felt tired and weak and had a watery discharge. The lower half of the vaginal portion was ulcerated and angry looking ; the tissues broke easily and bled. A portion was examined by Dr. Preble and pronounced epithelioma.

The patient would not at this time consent to an operation. A few months later hemorrhage set in and became continuous; frequently large offensive clots would alternate with foul discharge. At times she would suffer dull pain in the hypogastrium. When she finally presented herself for surgical relief, the soft, proliferating tissue had extended to the vaginal vault on the right, and a suspicious thickening of the base of the corresponding broad ligament was plainly to be felt. Amputation of the cervix by the galvano-cautery was proposed and consented to, not as a cure but as the surest method of overcoming the bleeding and sloughing.

Operation October 15, '92. Chloroform was used. I had procured a heavy cautery battery (storage) from Connable, Harper & Co., of Xenia, O., and had tested it successfully on a large piece of raw beef. Before I had completed the incision around the cervix with the cautery knife the power gave out. I placed the wire loop into the incomplete groove made by the knife, but it would not heat. After wasting much valuable time, I was obliged to rapidly finish the excision with scissors. In close work about the fornix on the right, I opened the cul-de-sac, inviting the descent of several coils of intestine into the vagina. While replacing and retaining them with the left hand, I irrigated and tamponed with the right, using iodoform gauze. The loss of blood was not severe, but the operation had lasted an hour on account of delay with the cautery.

October 16. Pulse 80; temperature 99. Enema of salts and glycerine followed by two copious movements. Urine passed freely.

October 20. Temperature 101° last evening. For this reason remove vaginal tampon; no odor or discharge.

October 21. Vaginal discharge smells ammoniacal. Is there a vesico-vaginal fistula?

November 2. Patient convalescing nicely, except that the secretion from the bladder is decidedly diminished and the discharge from the vagina increased during the past two days, leaving no doubt as to fistula.

November 11. Patient up and about. Examination of bladder by inspection and injection proves that the leak is not in the bladder. A small raw surface in the apex of the conical vault becomes moist after repeated drying, demonstrating the presence of a uretero-

vaginal fistula. The right ureter must have been grazed during the cutting and the partition have sloughed within a few days after the operation. A careful examination of the specimen removed showed no trace of ureteral tissue.

The patient returned to her home relieved of hemorrhage and foul discharge, but afflicted with a misery no less distressing. In looking up the literature of the subject, with a view of ascertaining how best to get rid of this deplorable condition, I found consolation in the fact that quite a number of men better than myself had traveled the same road before me. The best procedure seems to be to remove the kidney, provided it is positively known which ureter is injured. Ten weeks after the operation I found the broad ligament thickened, the uterus enlarged and painful, defecation difficult and also painful. These evidences of recurrence precluded all further designs on the kidney. The patient was taken out of the city and died about two months subsequently.

CASE VIII.—ADENOMA OF THE UTERUS.—CURETTING.—VAGINAL HYSTERECTOMY.—RECOVERY.

Mrs. E., referred by Dr. Ashmun, small, fairly nourished, fifty years of age, mother of two children, the last child being twenty-three years old. She is now four years past the menopause, and considers herself in good health, being able to attend to her household duties and having lost neither in weight nor in strength. She has been flowing for nine months moderately but constantly. Her physician had only attended her a week when he invited me to see her. The uterus was retroverted, movable, slightly enlarged, bleeding from the cavity. His treatment by intra-uterine applications having proved inefficient, we advised a curetting, which was done July 23, '92. For several days previous to the operation the vagina was scrubbed and douched and tamponed with iodoform gauze. Chloroform was the anæsthetic. A circular incision was made around the short cervix, the posterior vaginal wall was separated up to the perineum, and the anterior from the bladder. The uterine arteries on either side were then ligated, silk being used as material. The posterior peritoneum was then opened and a sponge placed to prevent prolapse of intestines. Guided by the left index finger in

the pelvic cavity, the anterior peritoneum was opened. The right broad ligament was secured by three ligatures and severed. The uterus was delivered through this opening laterally, the left broad ligament secured by a few ligatures and the entire organ removed. The loss of blood was trifling, mainly from the posterior vaginal flap, which was therefore sutured to the peritoneum with catgut. The ligatures were left long, were gently pulled down and an iodoform gauze tampon placed in the vagina between them, thus virtually rendering them extra-peritoneal. The appendages could not be readily managed in this case and were not removed. The operation lasted forty-five minutes. Within the cavity of the uterus there was a fungoid growth the size of a quarter of a dollar. The tubes to the point where the broad ligaments were divided, appeared normal.

Her convalescence was uneventful. One ligature came away; the rest were removed at the end of the fourth week. Examined October 16th, six weeks after operation, the patient had gained eight pounds in weight. The vaginal cicatrix was cone-shaped, apex upward, surrounded with nodular indurations, the remnants of the stumps of the broad ligaments. I have not seen the patient since, but am informed that she spent two weeks at the World's Fair, is doing her own housework and continues in good health.

COMMENTS.

My object in reporting these cases has been to demonstrate and emphasize the importance of the early recognition and removal of the malignant uterus, and the futility of radical measures after the spread of the disease to contiguous tissues or organs. Case VI exemplifies the fact that the extent of dissemination cannot be judged by surface appearances, and that if cancer of the womb is to be surgically managed it will not materially increase the risk to do the complete extirpation. This lesion is further confirmed by Case VII, which is a veritable clinical mint. It demonstrates the utter unreliability of the storage battery. It proves that the high amputation does not always steer clear of the peritoneal cavity, and that the ureter is not more safe from injury than in total extirpation. In the latter, as typified in Case VIII, we meet no additional risks, but make a clean sweep of diseased tissues with their healthy surroundings, thus securing the patient against recurrence unless the infection be already general.

CORRESPONDENCE.

VIENNA CORRESPONDENCE.

BILLROTH'S DEATH.*

The news of Billroth's death was unexpected to even his intimate friends. He had left Vienna several weeks ago and had gone to Abbazia in search of rest, temporary arrangements having been made for carrying on the semester work in his clinic by his assistants and Professor Von Kacker. So well had he concealed from his family his own knowledge that his heart muscle was degenerated, and so well had they kept from the world their vague fears concerning his health, that to many of his intimate colleagues his death came as a sudden blow. All regular lectures and clinics were at once closed in the University. Many of the professors met their classes and spoke with them of the life and work of their illustrious associate. I attended the clinic of Professor Neusser, the newly elected successor to Kahler, and who is already recognized as the best internist here. As a teacher he is not so talented as his senior, Nothnagel, but as a diagnostician he is superior. In a few words he spoke to his students of the twenty-five years' work of the "Meister" in the hospital, and explained to them what he appreciated better than they—the enormity of the loss which had befallen the University. Albert, Nothnagel, Kraft-Ebing, Kaposi, Neumann and Chrobak all made memorial addresses. The latter said:

"It is a blow not only to this faculty but to the whole world. Wherever one goes there is but one cry, 'Billroth, our Billroth is dead!' I am unable to express more than a hint of the meaning of this sad event to science and to the Vienna school. Such a great and noble personality we could only admire. He towered above us all. Only he who, as myself, has had the privilege of working with him for twenty-seven years and of looking up to him as a star, only he, I say, begins to fathom the depths of his great nature. In 1860 our school was not in the foreground. It was wanting in that quick, pulsating life which characterized the Virchow school; it bid fair to succumb to a career of indifference. Then came Billroth. His book appeared and made a journey of triumph around the whole world. At that time were we just at the threshold of modern surgery, and were happy with but thirty to forty per cent. of mortality. What an immense change Billroth has been largely instrumental in

*Extract from a private letter.

bringing about! I say it with pride that we gynæcologists are his direct pupils and followers."

Pursuant to a hasty call, about fifty American physicians met and appointed a committee of Drs. Mackiel, Stoddard, Buswell, Rood, Delee and Leonard to attend the funeral, and adopted the following resolutions:

WHEREAS, The hand of death has fallen on our profession and we are called upon to mourn the loss of one of its greatest leaders, in behalf of the American physicians in Vienna and at home, be it

Resolved, That in the death of Professor Theodore Billroth we recognize an irreparable loss not alone to the physicians of Europe but to those of the whole world.

That in this termination of his laborious, worthy and brilliant career, the members of the profession have lost one of their most conscientious and honored co-workers, and one whose death they profoundly deplore and whose memory they venerate.

That we extend to the family and to the faculty of the Vienna University our heartfelt sympathy, and we assure them that these sentiments will be shared by every physician in our land.

That we be represented at the funeral by a committee, and that a copy of these resolutions be presented to the family and to the faculty of the University.

With these was sent a beautiful wreath of flowers, marked "From the American Physicians in Wien." The funeral occurred on the afternoon of the 9th. Not since the burial of the late minister of war have the streets been so packed with people. As one looked down the beautiful Ringstrasse, it seemed as if all Vienna had congregated there; but Vienna changed from its usual bantering, jostling crowd into a respectful, quiet gathering of citizens, waiting with uncovered heads to show honor to the remains of one whose name and face they knew so well. In accordance with the Austrian custom, the route of the procession lay past the house of the Society of Vienna Physicians, and the University where the great man had done his life's work, and as the hearse came in front of each of these buildings the procession was halted for a few minutes. Along the whole line of march the street lamps were burning, and each of the thousand students heading the procession carried a lighted candle. Next came five large funeral cars filled with flowers sent by friends and societies. Of these over two hundred were large wreaths. Then came the hearse, drawn by eight black horses with riders, and surrounded by men from the Concordia society, dressed in rich old Spanish costumes, and carrying torches. Immediately behind the hearse were carried on a velvet cushion all the insignia and decorations of the various orders and societies of which Billroth was a member. Then followed the whole corps of University professors, docents and assistants from all departments, and deputations of professors and students from other university towns. Representatives from each of the students' corps had the honor of carrying the coffin

into the Lutheran church, where the services were brief and simple. The pastor made a short address, a choir of student voices sang the familiar volkslied of Mendelssohn:

“Es ist bestimmt in Gottes Rath,
Das man vom Liebsten was man hat, muss scheiden.”

and the procession resumed its way to the Protestant cemetery, being joined at the church by the private carriages of the family and intimate friends. Brief addresses were made at the grave by some of the University officials and former assistants and pupils of Billroth.

As to whom will be selected to fill the vacant professorship, there has been but little speculation. Matters are not rushed so fast in this country as with us. Certainly one of his former pupils will be chosen—perhaps Czerny, Gussenbauer or Mikuliez. As the present minister (who will make the recommendation) is a Pole, the chances seem to be in favor of Mikuliez.

D. L. MOORE, M. D.

AMERICAN MEDICAL ASSOCIATION.

The Committee of Arrangements has secured Odd Fellows' Hall building, corner Market and Seventh streets, for the meeting June 5, 1894.

Assembly Hall, for the general meeting, has a capacity of 1,500; the twelve smaller halls for section work range in capacity from 500 downward, with committee rooms adjacent.

The engagement carries three of these rooms on Monday for accommodation of associate organizations, as that of the editors, colleges, etc.

The banquet room on the ground floor, 65x95 feet, will be devoted to exhibition purposes, for which it is admirably adapted, and has been secured for the entire week, that exhibitors may have Monday in which to place their goods and Saturday in which to remove them. Nearly half of the space is already taken, and others who desire to make a display of their goods under the most auspicious circumstances ever presented on the Pacific coast, should lose no time in applying to the chairman for space.

Headquarters for the Association have been located at the Palace Hotel, corner Market and Montgomery streets, only four blocks from the place of meeting. Here we have “Marble Hall,” 30x40 feet, as a registration room, where work will begin on Monday, and “Parlor A,” for committee work.

The following hotels, centrally situated and convenient to the place of meeting, have quoted special rates for members and their families, which will apply during the entire stay of the guests, who

should, upon registering, signify that they are in attendance upon the meeting of the Association.

The rates quoted are for single persons, the variation depending upon the size, situation and appurtenances of the rooms, as single, *en suite*, with private bath, etc.; special arrangements will be made for families, or parties, on timely notice.

Some of the hotels entertain upon the American plan only, some upon the European plan only, and some upon either plan to suit guests.

Palace Hotel, (headquarters) American plan, (rooms and board).....	\$3.50 to \$5.00 per day.	
European plan, (rooms only).....	1.50 to 3.00	"
Baldwin Hotel, American plan.....	3.50 to 5.00	"
" " European ".....	1.00 to 3.00	"
California Hotel, American plan.....	3.50 and up.	"
" " European ".....	1.50	"
Lick House, American plan.....	2.50	"
" " European ".....	1.00	"
Occidental Hotel, American plan only.....	2.50	"
Hotel Pleasanton, " ".....	2.50 to 5.00	"
Rees House, American plan.....	2.00 to 3.50	"
" " European ".....	50 to 2.00	"
Grand Hotel, connected with the Palace by a glass-enclosed bridge, across New Montgomery St., European plan only.....	1.00 to 2.00	"

In addition, there are many other hotels, boarding houses, lodging houses and restaurants contiguous to the place of meeting where one can be made happy and comfortable at less cost.

Post-office Section K. is located in the Palace Hotel on the office floor adjacent to the registration room, where members can receive all mail matter by having it so addressed. More anon.

R. H. PLUMMER,
Chairman.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

OHIO STATE MEDICAL SOCIETY.

The time of meeting will soon be here, and we are informed the trouble in Zanesville has not been amicably adjusted; neither the president nor the local county medical society will recede from the position they have taken. It seems to us that this is but another illustration of the need of a closer bond of union between the county and the state societies. The appointment of a committee of arrangements should always be made by the local profession. The American Medical society has made the same mistake, and more than once the meetings have proved very unsatisfactory because of appointing

someone chairman of the committee of arrangements who was not in accord with the local profession.

It seems to us eminently important that the local societies throughout the state support the Muskingum County Medical society and pass resolutions requesting the president to accede to their wishes. Such resolutions have been passed by several societies.

This whole trouble is due to the faulty manner in which the state society is organized. Instead of uniting the entire body of physicians in the state in one strong organization, the old constitution is peculiarly adapted to perpetuate the handful who have posed so long as the state society. The Cleveland Medical society, an organization one year of age, numbers almost as many members as the state society did until a year ago, and some of its stated meetings have had a larger attendance than have been present at many of the state meetings. One year's promised trial of the amended constitution resulted in doubling the membership, and instead of seven hundred the society might have numbered two thousand if the medical politicians had not got in their work so soon.

As an illustration of the methods pursued, we may allude to a little inside history of the way the dues this year, instead of being fifty or seventy-five cents, came to be two dollars. The society was run in debt; the publication of the transactions, that usually cost three or four hundred dollars, cost nearly twice as much. When two members of the publication committee went before the finance committee to make some inquiries as to why express charges of thirty-five cents were charged for delivering the transactions, when the express companies never charged but nine cents before and they could have been sent by mail for ten or twelve cents, these inquiries were considered a little too personal and the members of the publication committee were rather unceremoniously requested to retire.

On the other hand, the books showed something over a thousand dollars of uncollected dues. Of course the society was in debt and an assessment of two dollars was necessary (?). So much for the fine "Italian hand" last year. A much more simple and yet we doubt not a much more efficient method of discouraging members of county medical societies from joining the state society has been devised this year. Notwithstanding the repeated statements of the

treasurer and secretary as to the number of copies of the transactions needed, only a limited number have been, or, rather, will be, printed—as the transactions have not yet appeared. So that many who have paid their two dollars and do not get their transactions will be told very sympathetically, “We are very sorry indeed, but the edition is exhausted and you cannot have any.”

It has seemed to many members of the profession throughout the state that the only remedy is a thorough change in the management of the society, as provided by the amendment adopted at Sandusky in 1891.

ALUMNI ASSOCIATION, ANNUAL MEETING OF TRUSTEES, COMMENCEMENT EXERCISES AND BANQUET OF THE MEDICAL DEPARTMENT OF THE WESTERN RESERVE UNIVERSITY.

ALUMNI MEETING.

The alumni meeting was held in the amphitheatre of the college building, Wednesday afternoon, February 28. Dr. E. Griswold of Sharon, Pa., presided. After reading of the minutes of last meeting by the secretary, Dr. John P. Sawyer, a committee on nominations was appointed, who recommended the following officers for the ensuing year, who were unanimously elected: President, Dr. J. C. E. Reeve of Dayton, O.; vice-president, Dr. August Rhu of Marion; recording secretary, Prof. John P. Sawyer of Cleveland; corresponding secretary, Dr. Howard S. Straight of Cleveland; treasurer Dr. E. B. Lane of Cleveland, O.

The principal feature of the meeting was the address of the president. Dr. Griswold, who, in his usual instructive and entertaining manner, narrated some of the changes that have taken place in the practice of medicine and surgery during the past fifty years, relating many personal experiences in the use of anæsthetics, abdominal operations, etc. He made some especially valuable remarks on the diagnosis and operative treatment of hernia.

After taking the usual collection for memorial tablets for Professors Ackley and Delamater, the association adjourned.

ANNUAL MEETING OF TRUSTEES.

The following University trustees were present : Rev. Dr. Chas. F. Thwing, Rev. Dr. H. C. Haydn, Hon. William H. Upson, Rev. Dr. E. Bushnell, Mr. T. P. Handy, Rev. J. N. McGiffert, of Ash-tabula, Hon. T. D. Crocker, Hon. Samuel E. Williamson, Mr. E. R. Perkins, Dr. H. K. Cushing, Mr. J. H. Wade, Mr. J. H. McBride ; and of the Adelbert College board, Rev. J. M. Seymour, Mr. E. P. Williams, Rev. Dr. H. M. Ladd, Hon. C. C. Baldwin, Mr. Charles M. Russell of Massillon, and Mr. Moses G. Watterson.

The report of the acting dean, Dr. I. N. Himes, was read and accepted. Dr. Himes was elected dean for the ensuing year.

The committee on administration, consisting of Drs. J. P. Sawyer, John H. Lowman and H. H. Powell were elected.

Dr. Frank E. Bunts was elected professor of the principles of surgery and clinical surgery. Dr. Carl A. Hamann was advanced to a full professorship in the department of anatomy, and Dr. E. F. Cushing was elected lecturer on diseases of children. A recommendation of the faculty in the line of systematic and clinical instruction was approved and the trustees also voted for the fuller development of clinical instruction. The faculty were given power to appoint clinical lecturers for periods of one year or more. An important action was taken whereby students taking a regular course in the literary department, looking to the title of A. B., might take an optional course of six hours a week during the last year, at the medical college, and have this year count on the medical course, thereby decreasing the term of medical study from four to three years.

COMMENCEMENT EXERCISES.

President Thwing presided. Prayer was offered by the Rev. S. P. Sprecher. The principal address of the evening was given by Professor Wm. H. Welch, of Johns Hopkins University. The address was a strong plea for higher medical education. After reviewing briefly the requirements for graduation and the methods of instruction pursued in European universities, a critical analysis of American medical education was presented. An ideal sketch of a four years' medical course of nine or ten months duration was given.

The first two years to be devoted to physics, anatomy, physiology, chemistry, pharmacology and hygiene, the instruction to be given in laboratories by lectures and recitations from text-books. The last two years to be devoted to practical subjects, clinical work in hospitals and dispensaries receiving much attention.

“Medical education should not only aim to impart the theory and practice of medicine,” he said, “but also to train men to so follow their profession that they will always be learners. It should train them to learn to place a proper value on evidence and to draw their own conclusions. Medical education is not completed in the medical school; it is only begun there. The medical college is a place where medicine should not only be taught, but studied as well. The heads of departments should have assistants, so that they can devote some time to planning and not be compelled to spend all the time in teaching. The assistants should be bright young men, progressive fellows, who desire not only to benefit the students, but themselves. There should be at least one demonstrator in a medical college laboratory to every fifteen students. An ideal college is not by any means an impossibility. It is only what has been realized in many instances in Europe, though it is what has not yet been realized in any one instance in this country. That is, however, not because American medical educators do not appreciate the need of thorough institutions, but because of a lack of endowment of such institutions. The establishment and maintenance of a good medical college takes a great deal of money. He estimated that it would require at least an endowment of one million dollars to modestly support a medical college as it should be supported. Statistics were quoted showing that all the medical colleges in the country together did not have this much, while, on the other hand, theological institutions had a hundred millions.

“Until very lately, the cause of medicine has received little either in the way of private endowment or state assistance, as compared with certain other branches of learning. Recently, however, people have been giving more attention to medical colleges. Your own John L. Woods is a conspicuous example. Cleveland is a good place in which to found and carry on a medical college, and I see no reason why you may not prosper in this city. But we must re-

member that a college may be well endowed and well equipped, and yet not be the power it should be. Much depends upon the men, the spirit of faithfulness, and the enthusiasm of the professors and the students. Gentlemen of the graduating class, I greet you on the threshold of the noble profession you are about to enter. Through your entire professional career may you remember that your province is to continue that education, the foundation of which you have laid during your college years."

After songs by the class glee club, Dr. E. D. Burton, one of the oldest alumnus of the college, reviewed the history of the institution since it was founded fifty years ago, by such pioneer physicians as Drs. Delamater, Ackley and Kirtland. To the memory of these physicians he paid a high tribute, as also to the memory of Dr. John Bennett and Dr. Proctor Thayer, and to Dr. H. K. Cushing and Dr. G. C. E. Weber among the living. When he had concluded his address the orchestra played a selection, after which President Thwing awarded the degree of Doctor of Medicine to the following gentlemen: Harvey C. Becker, Cleveland; Joseph Henry Carroll, Cleveland; Lyman Wheelock Childs, Cleveland; Martin Frederick Bousson, Postoffice, Pa.; George Frost, Hudson; J. O. Gardner, Massillon; Edwin Curtis Garvin, Black Hawk, Pa.; Allen T. Haight, Woodstock, Ont.; Henry Justus Herrick, Jr., Cleveland; Charles Porter Hues, Windsor Mills; John J. Lohrer, Cleveland; Harry Clifton Mabley, Cleveland; August Magnell, Sweden; John G. McFadden, Mechanicstown; Q. C. Miner, Fairview, Pa.; Benjamin Franklin Oswald, Garrettsville; Peter S. Smigel, Cleveland; Gustave A. Theiss, Akron; William J. Truesdale, Poland, O.; William E. Wheatley, Cleveland; John S. Windsich, Sandusky.

The *ad eundem* degree was conferred upon Dr. William H. Sherwood of Painesville and Dr. Judson B. Alford of Grand Rapids, O.

Those who received the degree of doctor of dental surgery were Hugh B. Mitchell, G. Otis, D. Urfare, J. F. H. Riggs and Carl A. H. Anderson.

The honorary degrees conferred were: A. M., on Dr. Hunter Holmes Powell, and LL. D. on Dr. John C. Reeve of Dayton, O., and Professor William Henry Welch of Johns Hopkins University.

We have no doubt but the conferring of the honorary title of A. M. on Dr. Powell will be fully appreciated and approved by the many alumni who have enjoyed the pleasure of listening to his lectures.

After another selection by the Glee Club, the audience was dismissed with the benediction by the Rev. Dr. Sprecher.

THE BANQUET.

The banquet at the Stillman following the commencement exercises was one of the most successful in the history of the institution. Two hundred guests were present, including the graduating class, board of trustees, the faculty, alumni and invited guests. The long tables were handsomely decorated with hyacinths, lilies and ferns, and daintily shaded candles in silver candlesticks shed a softened lustre over the scene. For the time being, scalpels, artery forceps and needle holders and all the rest of the grim impedimenta of warfare against disease were forgotten, and the doctors old, the doctors young and the doctors very young, wielded those more peaceful implements, knives, forks and spoons.

One of the most pleasing features of the banquet was the selections by the College Glee Club, consisting of the following gentlemen: First tenors, Becker '94, Haight '94, Stuart '95; second tenors, Deurfea '94, Kennedy '95, Hoover '95; first bass, Mabley '94, Herrick '94; second bass, Windsich '94, Garber '95, Brokaw '95.

The following amusing medley on the faculty was sung with much gusto :

MEDLEY OF '94.

MUSIC BY H. A. BECKER. '94.

We will sing you a beautiful song
Describing our dear faculty ;
It is neither too short nor too long,
So just listen :

First of all, comes our good dean,
Whose acquaintance to make we'd advise you.
Write a book, a pathology, and tell him all about
Amyloid degeneration, Melanotic pigmentation,
Secondary infiltration and emboliososism.

Next in line comes Dr. Powell, receiver of our cash,
He tells us not to pull the leg, but pulls ours just the same.

Our Surgeon is *Dudley P. Allen* "Be Gad,"
 The son of a surgeon was also his dad.
 His operations are done P D Q, when he tells you *the child is born*.
 His *nephew* we next will describe, whose name is *Miltikin*,
 He treats eyes, deals in glasses, and they call him an oculist.

And now we will sing of our *good* Gynecologist,
 Who, compared with the Great Emmet, is a shining light,
Brandenburg, ahem, is his name, he can tell you
 How they do such things in old New York.

To *Medicine* we'll turn our song, the branch of misery supreme.
 To flunk outright a man in class is Dr. Sawyer's base delight,
 And *Dr. Lowman* follows next with naught but heart and lung.

Let *Dr. Corlett* be our next theme in line,
 Who, clad in a white gown, lectures on skin.
 His dress suits are bought at Poole's in London,
 Of the fashions latest styles he wears.

Bright college years with pleasure rife,
 The shortest, gladdest years of life,
 How swiftly are ye gliding by,
 Oh, why doth time so quickly fly!
 As round the oak the ivy twines
 The clinging tendrils of its vines,
 So are our hearts close bound to old Reserve
 By ties of love that ne'er shall fail.

Prof. P. L. Hobbs introduced the toast master, Prof. William T. Corlett. The following were the toasts: "The University," H. K. Cushing, M. D.; "A Retrospect," J. C. E. Reeve, M. D.; "Our Guests," Prof. Welch; "The Graduating Class," H. C. Mabley, M. D.; "A Word of Parting to the Graduating Class," J. H. Lowman, M. D.

COUNTY MEDICAL SOCIETIES.

We believe that it is important at this time to encourage a renewed interest in the various County Medical Societies throughout the state. To this end, we publish a list of County societies, time and place of meeting, with name and address of secretary so far as known to us. We should be pleased to receive additional information, and will publish a revised list at an early date.

COUNTY.	PLACE AND TIME OF MEETING.	SECRETARY.
Adams	West Union, e. o. m.	J. W. Bunn, West Union.
Allen	Lima	H. C. Bennett, Lima.
Ashland	Ashland	R. C. Kinnam, Ashland.
Ashtabula	Jefferson	W. O. Ellsworth, Austinburg.
Athens	Athens	
Auglaize	Wapakoneta.	
Belmont	St. Clairsville	A. H. Hewitson, St. Clairsville.
Brown	Georgetown	L. Markley, Georgetown.
Butler	Hamilton	F. M. Barden, Hamilton.
Carroll	Carrollton.	
Champaign	Urbana	H. M. Pierce, Urbana.
Clark	Springfield	W. A. Smith, Springfield.
Clermont	Batavia	A. W. Ashberm, Batavia.
Clinton	Wilmington.	
Columbiana	New Lisbon.	
Coshocton	Coshocton.	
Crawford	Bucyrus	A. M. Duncan, Bucyrus.
Cuyahoga	Cleveland, 1st Thursday ..	F. S. Clark, 331 Prospect St.
Darke	Greenville.	
Defiance	Defiance.	
Delaware	Delaware.	
Erie	Sandusky, 2d Thursday ..	C. E. Perkins, Sandusky.
Fairfield	Lancaster.	
Fayette	Washington C. H.	E. M. Boggs, Marsh Ch.
Franklin Acad. Med	Columbus	J. C. Graham, Columbus.
Fulton	Wauseon.	
● Gallia	Gallipolis.	
Geauga	Chardon	A. D. Warner, Burton.
Greene	Xenia	C. M. Galloway, Xenia
Guernsey	Cambridge.	
Hamilton Acad. Med	Cincinnati, weekly	David DeBeck, 9th and Race St.
Hancock	Findlay, 1st Thursday	J. P. Baker, Findlay.
Hardin	Kenton.	
Harrison	Cadiz.	
Henry	Napoleon.	
Highland	Hillsboro, April 12.	L. Nelson, Hillsboro.
Hocking	Logan.	
Holmes	Millersburgh	D. S. Olmstead, Millersburg.
Huron	Norwalk.	
Jackson	Jackson.	
Jefferson Eastern Ohio	Steubenville, April 10.	J. C. M. Floyd, Steubenville.
Knox	Mt. Vernon.	
Lake	Painesville.	
Lawrence	Ironton.	
Licking	Newark.	
Logan	Bellefontaine	W. D. Scarff, P., Bellefontaine.
Lorain	Elyria.	
Lucas	Toledo	Otto Landman, Toledo.
Madison	London.	
Mahoning	Youngstown	R. E. Wheland, Youngstown.

COUNTY.	PLACE AND TIME OF MEETING.	SECRETARY.
Marion.....	Marion.....	D. O. Weeks, Marion.
Medina.....	Medina.	
Meigs.....	Pomeroy.....	W. E. Ard, Pomeroy.
Mercer.....	Celina.	
Miami.....	Troy.	
Monroe.....	Woodsfield.	
Montgomery....	Dayton.....	Robt. Stin, Dayton.
Morgan.....	McConnellsville.	
Morrow.....	Mt. Gilead.....	R. C. Spear, Mt. Gilead.
Muskingum.....	Zanesville.	
Noble.....	Caldwell.	
Ottawa.....	Port Clinton.	
Paulding.....	Paulding.	
Perry.....	New Lexington.	
Pickaway.....	Circleville.	
Pike.....	Waverly.	
Portage.....	Ravenna.....	G. J. Waggoner, Ravenna.
Preble.....	Eaton.	
Putnam.....	Ottawa.	
Richland.....	Mansfield.....	B. F. Harding, Mansfield.
Ross.....	Chillicothe.	
Sandusky.....	Fremont.	
Scioto.....	Portsmouth.....	M. S. Pixley, Portsmouth.
Seneca.....	Tiffin.	
Shelby.....	Sidney, 1st Thursday....	B. M. Sharp, Sidney.
Stark.....	Canton.	
Summit.....	Akron.....	J. H. Seiler, Akron.
Trumbull.....	Warren.....	Julien Harmon, Warren.
Tuscarawas.....	New Philadelphia.....	J. A. McCullom, Uhrichsville.
Union.....	Marysville.	
Van Wert.....	Van Wert.	
Vinton.....	McArthur.	
Warren.....	Lebanon.....	B. H. Blair, Lebanon.
Washington.....	Marietta, quarterly.....	F. E. McKim, Marietta.
Wayne.....	Wooster.....	J. E. Barrett, Wooster.
Williams.....	Bryan.	
Wood.....	Bowling Green.	
Wyandot.....	Upper Sandusky.	

A MEDICAL LIBRARY FOR CLEVELAND.

A medical library worthy of the name in Cleveland is a thing of the not far distant future. The rapid strides being made in this direction are especially gratifying to the GAZETTE, as we have long been advocating such an institution by publishing lists of the collections already in the city and the means by which they are access-

ible, by accounts of medical libraries in other cities and the manner in which they are managed, and urging upon the local profession the advantages of an extensive library at a centrally located place of meeting.

Donations of books to the new library are coming in with commendable rapidity and many of the books are of standard value. As the gifts come together there will be found a goodly number of duplicates, which can be utilized by establishing a system of exchange. The pages of the *GAZETTE* are free to be used for this purpose, as well as for exchange of books or instruments between subscribers. There is one collection of a couple of thousand volumes in the city which is not being used nor even properly listed, namely, that at the Western Reserve Medical College. The books were mostly from the libraries of physicians of thirty to fifty years back, some of them being donated by Kirtland and his cotemporaries. In donating to the new library, it should be remembered that not only books, but manuscripts, drawings, paintings, engravings, statuary, instruments, relics, and anything pertaining to the healing art and its disciples, can be appropriately collected and preserved at the meeting place of a medical society or federation of societies.

We venture to predict that the formation of an extensive medical library, accessible to the members of all regular medical societies of this city, will give a greater impulse to creditable, scholarly literary work in the profession, as well as thorough, scientific study than has been felt here in the present generation. Such a library located at the meeting place of a live society will do more to make our city the medical center of all this part of the country than anything else excepting two, namely, the location here of our medical colleges, and the publication of an independent journal fostering original communications, and spreading the news of Cleveland's schools, of her teachers, her practitioners, her writers, her hospitals, her medical history and her medical possibilities.

It will also be a happy time for the profession of this city if the present opportunity is taken to break down some of the ancient, and some not so ancient, barriers of local clique and clan and unite the various societies upon a broad and fair plan for the general welfare.

CLEVELAND MEDICAL SOCIETY.

The regular quarterly meeting was held in the Chamber of Commerce, Friday evening, March 9th. At a recent meeting it was determined to make these quarterly meetings of more than usual interest, and invite eminent members of the profession from other cities to be present and read papers and participate in the proceedings. If future meetings prove as successful as this one, we have no doubt but that this feature of the society work will become a permanent one. Dr. Howard A. Kelley of Johns Hopkins delivered an interesting lecture, of which we will present a full abstract in our next number. An interesting paper on "Hypnotism" was read by Dr. M. J. Park. The medico-legal aspect of the subject was presented by Francis J. Wing, Esq., and the medical by Dr. Henry S. Upson. These papers will also appear in an early number of the *GAZETTE*.

The subject of a medical library was introduced, and Professor Kelley, in presenting two rare old books to the library, said: "I am pleased to have some part in the formation of a medical library in Cleveland. I want to beg you to give a great deal of consideration to the works of the older writers, as well as to the best writings of the present day. By studying ancient medical classics, you will develop a broader culture than you can get by confining your studies to the medical works of to-day. For the higher uses of medical culture, there is nothing like the writings of Galen, Vesalius, Harvey, and all the great minds of the past. Then, as we study these older writers, we are less apt to become conceited. There is a decided tendency in the mind of the general medical man to become conceited as to what we know to-day, and as to the great advances in medical science. Ninety-nine out of a hundred physicians think the greatest strides in medicine have been made within the last few years, but we have really made no more progress in a certain number of years than did our predecessors. Yet it is astonishing what strides medical men have taken within the last one hundred years. Another very important use to put medical history and the writings of medical men to is, that it takes away all bickering, which is so apt to exist among men who are working in the same field, and

makes them feel so contemptible and mean. In studying these old writers we feel that we are of one family. Between ancient history and to-day we are living very near one another."

In presenting "The Century of Observations" to the society for the new library, Prof. Kelley said of the author: "Nicholas Tulp was one of the first to publish a book of general observations. This was his first work, and was published in Latin in 1716. Tulp was the first man to describe the chimpanzee, and was the first to describe the lacteals in man's body. He is the *ideal general practitioner*. Tulp's motto was: 'In the service of others I am consumed.'"

Dr. Sutton of Pittsburgh was called upon, and said: "I did not expect to be called upon to make a speech here to-night; nothing was farther from my thoughts, but I am glad that I am here, for I have never attended such a local medical meeting in my life. It reminds me very much of a state convention. I venture to predict that the enthusiasm manifested here is the assurance of a great future for the society. I think a sort of medical revival must have struck Cleveland. A more beautiful place for your meeting could not be found anywhere; and when, in addition to this, you accumulate a library, you will have all you want. It will take time to do this, but with your enthusiasm you will accomplish it in this growing medical center of Cleveland. We have not in Pittsburgh, with all its wealth, the medical inducements that you have here. Cleveland is an older medical center than Pittsburgh, and it is a larger medical center. You have more medical doctors here, and you have more men who call one or the other of your schools their 'alma mater.' There are a very large number of medical men for one hundred and fifty miles around here who look to Cleveland as their medical home. My advice is, to hold onto these men. It would pay you to push this society for all it is worth, and it would pay you to hold these men, and center them around your colleges in Cleveland."

President Humiston, on behalf of the society and the physicians of northern Ohio, accepted the books. He called upon Dr. J. L. Hess, librarian, for a report. Dr. Hess said he had written to several large publishing houses regarding contributions. Blakiston, Son & Co. of Philadelphia wrote that they would take pleasure in

sending books to the library, and gave notice that they had shipped several volumes. The State Board of Health has volunteered to give the society a complete set of its works. Dr. Brainerd has donated two volumes; Dr. W. H. Humiston, 100 volumes; Dr. M. Rosenwasser, 100; Dr. H. J. Herrick, 10; C. J. Aldrich, 10; Dr. F. S. Clark, 5; Dr. A. F. House, 5; Dr. W. H. Capener, 15 volumes.

Dr. Humiston said he was greatly gratified at the work accomplished, and thought some action ought to be taken to unite the societies of the city in the formation of the library.

On motion of Dr. J. E. Cook, a committee of three was appointed, with the president as a member, to confer with a like committee from the other societies on the subject. The president appointed Drs. J. E. Cook and P. Max Foshay as the members of the committee to act with him.

Resolutions were offered and adopted condemning any member of the Cuyahoga county delegation in the legislature who opposes the Mosgrove medical bill before the legislature.

Several new members were elected and a long list of applications for membership was read.

In addition to the large number of Cleveland physicians present, we noted the following from surrounding towns: Drs. I. N. Myers, Shelby; O. T. Maynard, Elyria; Albert Hoover, Akron; William C. Bunce, Oberlin; W. T. Barnes, Fredericksburg; G. L. Starr, Hudson; J. A. Dickson, Ashtabula; A. O. Huntley, North Bloomfield; D. J. Merriman, Painesville; A. G. Miner, Niles; A. W. Hopkins, Ashtabula; J. D. Harmon, Warren; G. S. Peck, Youngstown; John S. Wood, Collinwood; R. R. Seidell, Bedford; J. F. Hobson, Lakewood; Henry J. Miller, Philadelphia; R. Stansbury Sutton, Pittsburg; I. N. Noland, Independence; F. B. Williamson, Massillon; H. Disinger, Canal Fulton; A. C. Brant, Canton; A. B. Walker, Canton; J. W. Rabe, Akron.

At the invitation of the society, the physicians present adjourned to Hamilton's restaurant after the meeting, where luncheon was partaken of.

Dr. N. Senn of Chicago is expected to address the society at the next quarterly meeting.

CITY HOSPITAL—ANNUAL REPORT OF THE MEDICAL STAFF.

At the quarterly meeting of the medical staff of City Hospital, held March 6, the secretary, Dr. S. W. Kelley, made the following report:

To Wm. J. McKinnie, Esq., Director Charities and Correction.

DEAR SIR:—It again becomes our duty to report to you a year's work at the hospital. The year 1893 will be long remembered for the increased demand upon this as well as other charities; and we are thankful that through it all you were able to supply the needs of the hospital department, so that food, drugs and all requisitions were furnished with wonted promptness and liberality. The following figures will give some idea of what is being done, though only a hospital physician can realize the amount of work these figures represent. The number of inmates of the infirmary and insane departments, besides the hospital proper, are mentioned because these inmates are frequently ailing and are cared for by the medical staff the same as patients in the hospital building. The infirmary and insane departments about amount to a home for incurables. The inmates are of depraved constitution, many of them, aged and afflicted with chronic diseases. If very sick or about to die they are transferred to the hospital department, in order that everything possible may be done for their relief, although this plan greatly augments the death list of the hospital. This hospital is also obliged to receive many contagious, critical, even moribund cases which cannot remain at home and are refused admittance elsewhere; besides an occasional intentional unloading onto us of desperate cases.

Number in the Institution, Jan. 1, 1893:

	Males, 383	Females, 224	Total, 607
No. admitted...	843	400	1,243
Births.....	16	12	28
Total.....	1,242	646	1,878

Number discharged in 1893:

	Males, 689	Females, 388	Total, 1,077
No. of deaths....	100	51	151
Total.....	789	439	1,228

Number in the Hospital, Jan. 1, 1893:

	Males, 76	Females, 43	Total, 119
No. admitted....	583	325	907
Total.....	659	368	1,027

On comparing these tables with those for 1892, it is seen that there were two hundred more persons treated in the institution in the past than in the preceding year, while the hospital cared for two hundred and fifty more patients in '93 than it did in '92.

Number of new prescriptions filed and filled in 1893, was.....	9,671
Number of prescriptions refilled.....	29,013

Total number prescriptions dispensed.....	38,684
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The number of operations required and performed was large and some of them of great professional interest, but not perhaps interesting to the public.

The same harmonious feeling which has characterized the staff since its organization, has pervaded it during the past year. The greatest improvement in its working has been in perfecting and systematizing the details of the work.

Quite a number of changes have taken place in the *personnel* of the staff since the list was last published. At present it is composed as follows :

MEDICAL STAFF.

CONSULTANTS.

Surgeons.

Dr. C. B. Parker.....	564	Euclid avenue
Dr. F. E. Bunts.....		380 Pearl
Dr. N. Stone Scott.....		531 Prospect
Dr. J. K. Sanders.....	176	Euclid avenue
Dr. W. T. Miller.....		417 Superior
Dr. Dudley P. Allen.....		278 Prospect

Physicians.

Dr. J. H. Lowman.....	441	Prospect
Dr. S. W. Kelley.....		837 Superior
Dr. C. F. Dutton.....	122	Euclid avenue
Dr. J. P. Sawyer.....		122 Euclid avenue

Obstetricians.

Dr. H. H. Powell.....	467	Prospect
Dr. H. W. Rogers.....		10 Vestry
Dr. H. J. Lee.....		341 Prospect

Gynecologists.

Dr. F. D. Brandenburg.....		99 Huron
Dr. M. Rosenwasser.....	722	Woodland avenue
Dr. W. H. Humiston.....		356 Arcade

Ophthalmologists.

Dr. D. B. Smith.....		Case Building
Dr. A. R. Baker.....	122	Euclid avenue
Dr. H. G. Sherman.....	29	Euclid avenue
Dr. B. L. Millikin.....		278 Prospect

Dermatologist.

Dr. W. T. Corlett.....	333	Prospect
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Neurologists.

Dr. H. S. Upson.....	331	Prospect
Dr. E. G. Carpenter.....	29	Euclid avenue

VISITING STAFF.

Dr. Geo. D. Upson.....		Hickox Building
Dr. J. F. Hobson.....	429	Prospect

Dr. F. S. Clark.....	331 Prospect street
Dr. A. F. Spurney.....	374 Woodland avenue
Dr. G. W. Crile.....	380 Pearl

HOUSE STAFF.

Dr. J. M. Ingersol.....	House Physician
Dr. J. J. Thomas.....	First Assistant House Physician
L. W. Childs.....	Acting Second Assistant House Physician

A pharmacist has been employed to dispense the medicines. When a third assistant house physician can be secured the pharmacist can be released. It is absolutely necessary that the house staff consist of four members. The duties of the house physician are in the female ward with general supervision of the whole hospital; of the first assistant, the male ward and also to visit the infirmary and insane departments; while the second and third assistants, besides aiding in these duties, make the microscopic examinations, the analyses, keep records of the cases, dispense the medicines, etc. The duties of the house staff are quite arduous, and at present their only recompense is the experience gained, under the direction of the visiting staff.

Upon the visiting staff falls the stress of the professional labor and responsibility, in which they are sustained by the consultants in general medicine and surgery and in the special branches, who are called in when their services are necessary.

I cannot forbear alluding to that which should be a source of pride to the medical profession and of satisfaction to the public, viz., that all these poor suffering patients are attended free of cost, the staff exerting its best skill in consideration of the scientific and professional interests which attach to the hospital work.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

A TREATISE ON THE THEORY AND PRACTICE OF MEDICINE BY AMERICAN TEACHERS. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. For sale by subscription only. W. B. Saunders, Publisher, Philadelphia, 1894.

The second and concluding volume of Pepper's American Text-book of Practice is fully entitled to all the encomiums that have been bestowed upon the first by the medical press both at home and abroad. Although there is no article in the book but what fully and satisfactorily represents the most modern views as to the pathology and treatment of the affections discussed, we are particularly pleased with Prof. Welch's masterly consideration of bacteria, infection and immunity.

The editor describes in a manner as only a ripe clinical observer could, diseases of the heart, stomach, intestines, etc. Prof. Delafield deals with affections of the kidney, his classification and pathology of the different forms of Bright's disease being no doubt the most rational yet devised. The subject of diathetic diseases is well handled by Prof. Lyman. Diseases of the larynx, bronchi, pleura and lungs are from the pen of Prof. Wilson, and as might be expected show perfect familiarity with those affections.

Prof. Holland contributes a practical account of urinary examination, while Prof. Osler describes in his characteristic manner, diseases of the blood, supra-renal capsules, and ductless glands. The concluding chapters, by Prof. Fitz, treat of diseases of the peritoneum, liver and pancreas; as is well known, his opinion concerning these disorders is entitled to much weight.

We have no hesitation in pronouncing this the best two-volume text-book on the practice of medicine in the English language, and look for its adoption by all the leading medical colleges.

NOTES AND COMMENTS.

Dr. C. B. Parker has been suffering the effects of la grippe, but expects to be out again in a few days.

Dr. Noble of Lima, Ohio, was shot dead, February 9, by an insanely jealous wife.

Dr. B. L. Millikin has returned, after a two months' absence in the South on account of la grippe.

Dr. E. G. Carpenter.—At the last meeting of the staff of the City Hospital, Dr. Carpenter received one year's leave of absence for the purpose of going abroad to study diseases of the nervous and mental system.

Dr. and Mrs. J. H. Lowman left for Europe on the seventh. They sail by the *Columbia*, which touches Gibraltar, Algiers and Naples. After taking a tour through Italy, they return to Paris for a few weeks, returning to America by Southampton. Dr. Lowman will attend the International Medical Congress as the accredited delegate from the American Laryngological society.

Dr. William Thomas Corlett will sail March 17, *Czar Wilhelm II*, for Rome, to be absent about eleven weeks. Will return by Spain, taking steamer at Gibraltar, May 18. Dr. Corlett will read a paper before the Eleventh International Medical Congress on "Cold as an Etiological Factor in Diseases of the Skin," with a report of fifteen cases, illustrated with paintings and photographs.

The plans and specifications for the new hospital for Wooster Medical College are completed and the contractors expect to commence work soon. The Feiss residence of eighteen rooms, which will constitute the Woodland avenue end of the hospital when completed, is to be remodeled at once and will be ready for patients early in May. The main building will require the entire summer for its construction, but will be completed before the opening of the winter session.

Cuyahoga County Medical Society. The regular monthly meeting was held March 1. Important reports were made by two committees. The first, made by Dr. Brandenburg, was on the national health bills now before congress, and consisted of the following "Memorial" to congress:

"We, a committee of the Cuyahoga County Medical society of Cleveland, hereby respectfully commend the bill to establish a department of public health recommended by the committee of the

American Medical association, which has already been presented for your consideration. The bill proposes to establish a department of public health and includes the following excellent features :

“First—Sanitary science. This bill proposes to secure the adoption of established principles of sanitary science for national security.

“Second—Vital statistics.

“Third—National and interstate quarantine, thereby regulating the important question of foreign emigration. A bill to establish a bureau of public health within the treasury department of the United States, as recommended by the national quarantine committee of the New York Academy of Medicine, we would emphatically remonstrate against as being inadequate to meet the requirements.

“Twenty-three of the twenty-eight sections contained within that bill are but repetitions of the former law. The entire bill is devoted to border and interstate quarantine, with the exception of section 7, which provides for investigations into the nature, origin and prevention of contagious, epidemic and other diseases. Border and interstate quarantine are both in successful operation under the present law, while little or no provision is made in the bill for the important subjects, as sanitary science and vital statistics. The medical commissioners appointed from the various districts are not specified as being pre-eminently fitted for their responsible positions of public trust, but the bill may be perverted to political purposes, and men totally unsuitable may, by the provisions of the bill, receive such positions as political rewards. The bill to establish a department of public health, as recommended by the American Medical Association the committee of the Cuyahoga Medical association of Cleveland, O., and all members of the same society believe to be the ideal bill, and give to the same our most cordial endorsement; recommending an amplification of the Marine hospital service, which is composed of the best men, especially trained for just such work as the department of public health demands, and whose excellent service in the past is a record of which we may all be justly proud.”

Signed

F. D. BRANDENBURG, M. D. }

H. J. HERRICK, M. D. }

W. J. SCOTT, M. D. }

COMMITTEE.

The second committee appointed to investigate the formation of a medico-legal section of the society reported through Dr. Aldrich that constitution did not provide for the formation of different sections. They presented the following amendments to the constitution and by-laws, which would permit of the formation of a medico-legal section. These amendments will be voted upon at the April meeting.

AMENDMENTS TO CONSTITUTION.

ART. IX., SEC. 1.—This society may organize SECTIONS for the consideration and discussion of special subjects. All members of

the Cuyahoga County Medical society shall be entitled to all of the privileges of the sections.

SEC. 2.—The purpose of these sections organized under Art. —, Sec. — shall be only for the consideration and discussion of subjects pertaining to that department of medical science implied by the name of the section.

SEC. 3.—Each section shall elect its own officers and may transact such business as pertains to the interests of that section.

AMENDMENTS TO BY-LAWS.

ART. III., SEC. 2.—Other professional men or scientists may become members of any section in which they are especially interested.

Such section membership shall entitle them to all privileges of the whole section except voting out of the section or sections to which they may belong.

Dr. Handerson called attention to the fact that all members of the society have the privilege of drawing books from the library of the surgeon-general's office in Washington by applying to the librarian of the Case library and paying the express charges each way.

The following was the program for the afternoon : Dr. A. R. Baker presented a case of a boy rapidly becoming blind, probably from some intra-cranial lesion. Essay, "Latent Signs of Fractured Clavicle in Children," Dr. H. W. Rogers ; discussion, "Infantile Paralysis," Drs. W. E. Wirt and E. G. Carpenter.

The April meeting is the annual one, at which time officers are elected for the ensuing year. A full attendance is desired.

A clinic at Charity Hospital was held by Dr. Howard A. Kelley on the morning of March 10th. The principal attraction was a demonstration of his method of examining the female bladder by sight and of catheterizing the ureters. A full description of this method will be given in the next issue of the GAZETTE. The next case was the attachment of a retroflexed uterus to the abdominal wall with silk sutures, the sutures being attached upon the posterior instead of the anterior aspect of the fundus. The small abdominal incision was closed layer by layer with buried sutures, the third or external line being for cosmetic effect, a running horizontal zigzag suture not appearing through the cuticle and not fastened at the ends. Dressing, bichloride gauze sealed round with bichloride colodion, powder of iodoform and boracic acid one to seven, absorbent cotton and bandage.

The third case was the opening with sharp pointed scissors of a pelvic abscess, through the vagina, washing the cavity with bichloride solution and packing of the same with iodoform gauze.

About two hundred practitioners and students of Cleveland and surrounding country were present. As we witnessed the interest manifested by the spectators on this occasion, we could not but think that it augured well for the success of a first-class post-graduate course if ever one should be established in Cleveland.

The association train will leave Chicago, Monday, May 28, via Santa Fe R. R., Rio Grande Western and Southern Pacific, for San Francisco, via Denver, Colorado Springs, Leadville, Manitau, Glenwood Springs, Salt Lake, Ogden, Truckee and Sacramento. Returning, after the meeting, the train will pass through Sacramento and northern California to Portland, thence east by the way of the Northern Pacific railroad to St. Paul; and Chicago, Milwaukee & St. Paul railroad, St. Paul to Chicago. A stopover at Yellowstone National Park for those who desire it has been arranged, and it is understood that at several places on the journey there will be short stops. President Hibbard's party in a special car join the train at Chicago, and the St. Louis party are expected to join at Kansas City. From all points east and south, concentration on this train should be effected at Chicago and St. Louis.—*The Journal of the American Medical Association*.

Pennsylvania State Medical Society—Change of place of meeting.—In view of the fact that the largest hotel in Gettysburg was burned recently, and will not be rebuilt in time for the meeting of this society, it was deemed best, after consultation with the board of trustees, to change the place of meeting, and as the Philadelphia County Medical society extended an invitation for the society to meet in Philadelphia, it was deemed wise to accept the invitation. The forty-fourth annual session will be held in Philadelphia, May 15, 16, 17 and 18, 1894.

H. G. McCORMICK, Pres.

WM. B. ATKINSON, Sec'y.

Charity Hospital.—A special meeting of the medical staff of Charity Hospital was held February 24, with the following members present: Dr. W. J. Scott, president; Drs. H. J. Herrick, N. Stone Scott, D. B. Smith, C. B. Parker, H. H. Powell, J. A. Lowman, F. D. Brandenburg, Wm. T. Corlett, J. E. Cook and D. P. Allen. President W. J. Scott and Secretary B. L. Millikin were re-elected.

"The local journal should be first and uppermost in every doctor's affections, and should have his good-will and generous support. Contributions to its pages should be made often and brief; it should be the bounden duty of everyone to at least once a year make his offering in this channel. The subscription price of the local journal should never be allowed to run over, for there is never a time when the local journalist is not doing more for his profession than it is doing for him. The large weeklies should occupy the second position."—*Dr. J. C. Culbertson at Milwaukee, June, 1893*.

The urethritis caused by bicycles bears a close family resemblance to gonorrhœa as contracted in water closets or beds.—*Medical Fortnightly*.

The Alumni Association of the Medical Department of the University of Wooster.—The next annual alumni meeting will be held at 2 P. M., Standard time, in the college amphitheatre, 134 Brownell street, March 21, 1894. It is desired that every alumnus recognize the importance of this present chapter in the history of the college, and take a personal and active interest in her welfare. The secretary of the alumni association makes the following announcement :

"You are doubtless aware of the recent changes which have added to the Faculty Drs. G. C. E. Weber, H. W. Kitchen, D. B. Smith, C. B. Parker, Guy B. Case and S. W. Kelley, and of the reasons that led these gentlemen and this school to take the action they did.

"The Medical Department of the University of Wooster stands to-day, as of yore, for a higher standard of medical education, and stands also for the principle that a medical school should be conducted by medical men. It remains for the alumni and for the profession at large to show whether or not they are ready to uphold these principles."

The commencement exercises will be held at Plymouth church, corner Prospect and Perry streets, at 7:30 P. M. The address will be delivered by Rev. John W. Malcolm. After the commencement exercises a banquet will be tendered the graduating class and the alumni at the Hollenden. Every alumnus is cordially invited to attend the banquet, whether they receive a special invitation or not.

Liability of Mistaking an Inflamed Perineal Testicle for an Abscess.—Dr. John B. McGee, in a recent note to the editors, states: "I find that even so skilful a surgeon as Ricord barely escaped this error. In 'Taylor's Atlas of Venereal and Skin Diseases' it is noted that, 'Ricord mistook a perineal swelling for abscess of Cowper's gland, but examination of the scrotum showed absence of one testicle, and a diagnosis of misplaced and inflamed testis was made.'"

American Gynecological Journal.—The publication of this most excellent journal has been suspended. We are much surprised that Dr. Smith was able to keep a journal of such high merit alive so long. It is a disgrace to American medicine that it will support and countenance a certain class of journals which abound, and will starve to death any journal of the highly creditable character of the American Gynecological Journal.

The National Medical News has suspended. Peace be to its ashes.

Suspended.—The Epitome of Medicine, published by G. P. Putnam's Sons, or, rather, consolidated with Braithwaite's Retrospect.

The Country Doctor has gone where all good doctors go.

The Weekly Medical Bulletin of Chicago should be dropped from the exchange list, as it has ceased to exist.

The Cleveland Medical Society.—We are in receipt of the following circular which has been mailed to a large number of physicians:

“THE CLEVELAND MEDICAL SOCIETY has lately celebrated its first anniversary, and has already entered upon many of the fields of work for which it was organized.

The past year has been singularly one of merit, both in its scientific and social aspects, and worthy of commendation and support which the yearly average attendance has fully demonstrated.

The Society has been active in National and State Legislation on all bills relating to the welfare of our profession, and will endeavor as opportunities permit, to correct the many abuses with which we in Ohio are now burdened.

When the country was agitated over the possible invasion of Asiatic Cholera we were earnest in our demands as a Society, that our city particularly, look well toward its hygienic conditions; and in order to give the general public some knowledge of what could and should be done in such exigency, the Society at considerable expense, had DR. GEORGE M. STERNBERG, Surgeon General of the U. S. Army, deliver a popular talk, to which the public were invited.

That was the initiative in the plan which the Cleveland Medical Society has now thoroughly entered upon. We will have stated quarterly meetings at which lectures by prominent men of New York, Boston, Chicago, Philadelphia and elsewhere will be given.

Our organization was planned on a *broad* basis, and we have but recently still further enlarged the scope of the Society by so revising the By-Laws, that we can admit to non-resident membership every reputable physician in Northern Ohio by the payment of one dollar annually.

At present we are occupying the handsome and commodious rooms of the Cleveland Chamber of Commerce, and when that organization erects in the near future their permanent building, quarters in it will be designed by the architect to suit the needs of the Society. There will be a large assembly room with smaller ones for committee work; a reading room and a *fire proof library*. Donations of several large and valuable libraries and rare old volumes have already been offered to the Society, making more than a nucleus for what is intended to be one of the largest and finest medical libraries in this part of our country, and one which all Ohio will refer to with pride.

With this *resume* we would kindly call your attention to the blank application to membership which we have enclosed, and heartily invite you to become a non-resident member of the Cleve-

land Medical Society; and, too, your presence is earnestly desired at the *first* quarterly meeting of the Society, the program of which is enclosed."

WM. H. HUMISTON, Pres.

OSCAR T. THOMAS, Sec'y.

Pirates of Penzance—To be reproduced at the time of the meeting of the State Medical society here.—Those who witnessed the artistic production of the *Pirates of Penzance* by the Arion Opera company, will be gratified to learn that the charming opera will again be rendered by that sterling organization on the occasion of the meeting of the State Medical society.

The opera will be presented Thursday evening, May 17, and the arrangement for its rendition was at the instance of the committee on arrangements for the meeting of the State Medical society for the entertainment of the visiting physicians.

The committee held a meeting and decided to accept a proposition from the Arions to produce the beautiful opera. While the matter has been informally decided for some days, it was not determined officially until recently. The indications are that the meeting will be one of the most largely attended and profitable ever held, and the *little local jar between the physicians* will not in the least interfere with the extending of characteristic Zanesville hospitality by every disciple of Esculapius.

The committee expects to spare no pains to entertain the visiting members of the state society in a manner befitting the occasion. In addition to the opera they are considering plans for a collation which will probably be served in the armory. A ball may also be given.

Prominent physicians from all sections of the state have signified their willingness to read papers, and the programme promises to be one of much interest to the profession.—*Zanesville Daily Courier*.

The "Inch-and-a-Half Incision" and "Week-and-a-Half Confinement in Appendicitis."—Dr. Robert T. Morris, of New York, has a flippantly written article with the above title, in *Mathew's Journal of Rectal Surgery*. Essentially the same article appears in the January 27th *New York Medical Journal*, the *New England Medical Monthly*, and other journals; indeed it must be foot-sore from its perigrinations.

Very amusing is this catch-notoriety title of our standard incision establisher's newly discovered mare's nest. He, even at the increased risk of hernia, makes the incision one and one-half inches in a case in which he states to his class that a three-fourths inch incision would suffice. "I am making the incisions here of one length," he says, "in order to establish a standard."

Again this gem: "No one of artistic temperament enjoys the thought of a great gash in a fair young belly, and that is why I have developed the one and one-half inch incision and the evanescent scar."

Dr. Morris extends the not infrequent specialistic courtesies to that rightly intending but unfortunate class of general practitioners who have not sat at the feet of this inguinal button-holer. "Within the past five years I have removed fourteen affected appendices for the patients of one venerable physician who in thirty years of practice had not previously made the diagnosis of appendicitis, and I believe him to be a representative practitioner." This is equal to three a year, or we will say sixty cases during this "venerable representative practitioner's" medical career. May the recording angel blot out the record with a tear. It was through ignorance the general practitioner has been in the past the passive instrument of these countless murders. But the dispensing providence of our mortal lives has withheld this operation as a blessing *fin de siècle*, along with the World's Fair, dynamite and the Gatling gun. The general profession is now enlightened, and from the Eastern Medical Centres to the Woolly West; stricken with intellectual malaria though it be, will accede to Dr. Morris' final and pitiful plea, and "kindly fail to find seeds in the appendix."

What beauteous womanhood, what lovely posterity whose names are now writ in water, might have been saved to grace the palatial homes of Murray Hill had even this one typical "venerable physician" thirty years in practice, only turned the "fair young bellies" over to this "artistic temperament," who "developed the inch-and-a-half incision and the evanescent scar."

But, alas, this could not be, for unkind nature required centuries to ripen Dr. Morris and his *fin de siècle* operation in appendicitis. The statement of Dr. Morris in a recent New York journal, that with his "standard inch-and-a-half incision and week-and-a-half confinement," the mortality from operations for appendicitis should not be greater than from tooth extraction, is omitted from the scintillating article in Dr. Mathew's journal.

The operation for appendicitis is a great operation, and is no doubt saving many lives. The proportion of hernia is small; one firm reports that they have only sold a gross of trusses to be used following appendicitis operations. We have no doubt Dr. Morris does the operation skillfully and with good results. If not necessary in any given case, it does little harm. We sympathize with the eager and unripe surgeons who operate early and often. They mature only by practice and experience. But why all this blare of the Morris trumpets and repeated ringing of the Morris bells?

The size of the incision in surgery is not the measure of success. Make the incision large enough for the purpose. There can be no "standard incision" for any surgical operation, except that demanded by the specific lesion. As the old Greeks used to say, "These things are left to the *judicious*." Above all, medicine and surgery are serious professions—tragedy and not comedy. The medical

books and magazines published in Philadelphia a century since, show a spirit and devotion and intellectual seriousness that may well be imitated by some of the flippant writers of the present.—*Indiana Medical Journal*.

Death of Dr. R. A. Vance.—As we go to press we regret to announce that Dr. Vance died Monday morning, March 19. An extended obituary will appear in our next number.

Medical Legislation.—The days and weeks are passing by and the Ohio House of Representatives are making no headway with the medical practice act which is in its hands. The bill was read and referred to the committee on medical colleges and societies. This committee is composed of Drs. H. D. Reed, Huron county; Wm. Shuler, of Miamisburg, Montgomery county; Jones, of Trumbull; Jacobs, of Gallia; Deaton, of Miami; Bayhan, of Pike, and Mr. Carvin, of Williams. The committee is composed wholly of physicians except one—Mr. Carvin. We have had occasion to state before that the sentiment of the House was in favor of passing a medical practice bill this winter, and if it was defeated it would be defeated by the doctors. Is there not some way of taking this bill away from the committee of doctors and passing it? It is really a matter that concerns the people and not the doctors anyway.

The newspapers usually reflect the sentiments of the people. It is pleasing to note that some of them are beginning to appreciate the fact that something must be done to protect the people from the quacks and charlatans that are being dumped into Ohio from all the other states. The *Cleveland Leader*, which has always opposed medical legislation heretofore, is supporting the bill before the Legislature this winter. The following editorial from the issue of March 17th is similar to many which have appeared in that paper during the winter: "The papers which rely upon offensive advertisements from quacks for a large part of their income are rejoicing over the prospect that the effort to pass a bill preventing ignorant and unfit persons from practicing medicine in Ohio will fail. Sooner or later they will come to grief. It cannot be that the people of this state will always be willing to let any impudent fellow who is conscienceless enough to prey upon the unsuspecting and the credulous, trifle with life and health at his pleasure."

Grindelia Robusta.—Dr. Jasiewicz (Le Mercredi Medical, No. 49, 1893) states that this drug is easily taken in any preparation and it may be prescribed in elevated doses, yet it is best given in broken doses, on account of its slight toxicity. A very large dose at one time might be fatal.

It causes a mild sensation of warmth in the stomach, slows the cardiac and respiratory movements, dilates the pupils and induces sleep. It has a slightly acrid and pungent taste. It is especially indicated in respiratory neuroses, asthma, especially the spasmodic

form, whooping-cough and similar coughs, nervous cough, hay fever and emphysema.

It acts favorably in acute bronchitis, but it must be taken for a considerable time. In chronic bronchitis it is less satisfactory. In whooping-cough antipyrine acts better as a sedative, though grindeelia may be administered, on the contrary, much longer, without fear of unfavorable consequences—a considerable feature in a disease requiring so long treatment. Though it decreases the violence of the cough, it does not shorten the duration of the disease, for this disease is not a respiratory neurosis but an infectious disease, requiring antiseptics, anti-spasmodics and tonics.

In asthma it is more active. It calms the dyspnoea, prevents its return, but does not ultimately remove the disease. Here the iodide of potash is most efficacious in this later respect.

It is a precious remedy in spasm and has been found of value in stridulous laryngitis. Externally, Dr. Bardet has found it of service in vaginitis, genito-urinary catarrhs and burns. Dr. Boquillon recommends it in the itching of skin diseases. There is a certain resemblance, therapeutically, between it and belladonna.

To Prevent Rust on Surgical Needles.—Dr. Horace T. Hanks, of New York, writes: "I have found, formerly, much difficulty in keeping my needles always free from rust and sepsis.

"For a year, however, I have kept all my needles in pure 'lysol,' and am perfectly satisfied with the result. I place from thirty to fifty assorted needles, points upward, in a suitable small bottle—large mouth and screw-top preferable—and then fill with lysol. When needles are to be used, turn the lysol into another phial and the needles into a plate, and select the ones required, returning needles and lysol to the original bottle when through. By this means I always have aseptic needles, free from rust, and a small bottle of germicide fluid if no other is at hand."—*Medical Record*.

Curtailing Expenses.—"Never knew such hard times, old boy. We're economizing at our house now just like other folks."

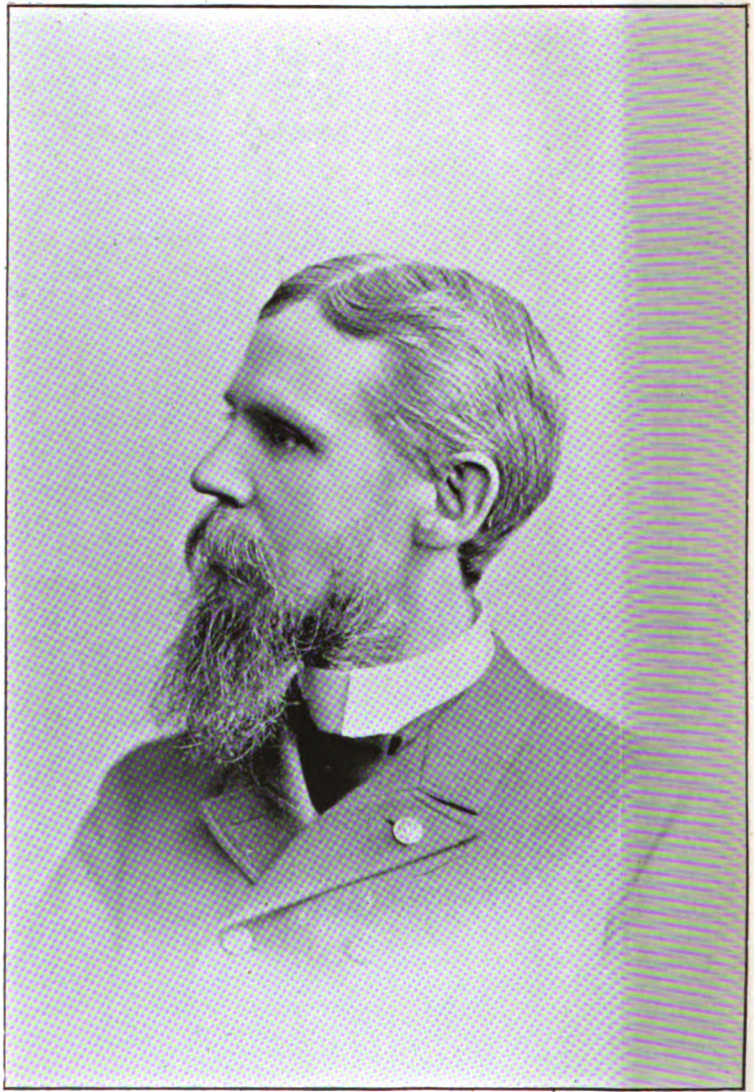
"You were always an excessive smoker. I suppose the first thing you did was to cut down the number of your cigars."

"Well, no; not exactly. You see wifey does the household work instead of hiring a girl, and that's where the economy comes in."—*Judge*.

His Only Chance of Fame.—"Jones, I think your boy will become a very distinguished man if he lives long enough."

"Yes? What do you think he will be distinguished for?"

"Longevity—if he lives long enough."—*Truth*.



REUBEN A. VANCE, M. D.





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No. 6.

ORIGINAL ARTICLES.

A STUDY OF INTRA-ABDOMINAL PRESSURE WITH PRACTICAL DEDUCTIONS.*

BY HOWARD A. KELLY, M. D., BALTIMORE, MD.

Professor of Gynecology and Obstetrics in the Johns Hopkins University,
Baltimore, Maryland.

Mr. President and Gentlemen:—I wish this evening briefly to call your attention to some of the physiological phenomena connected with intra-abdominal pressure, developing from them for your consideration a few conclusions of practical importance to those laboring in the gynecological field.

The questions which I propose to answer in this study are: (1) When we stand erect are the abdominal viscera under pressure, and if so, do the abdominal muscles exercise constant tonic pressure upon their contained viscera? or, (2) Do the viscera so fill the abdomen as to make pressure from within outward? or, (3) Are these forces so balanced as to give no intra-abdominal pressure at all?

The important points in this investigation I worked out thirteen years ago, while yet a resident physician in the Episcopal hospital

*Abstract of an address delivered at the quarterly meeting of the Cleveland Medical Society, March 9, 1894.

of Philadelphia, in connection with a paper, never published, upon "The Mechanism of Defecation."

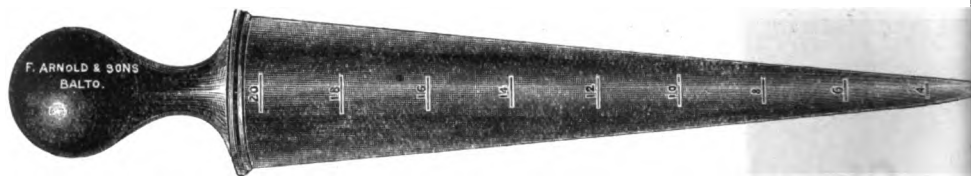
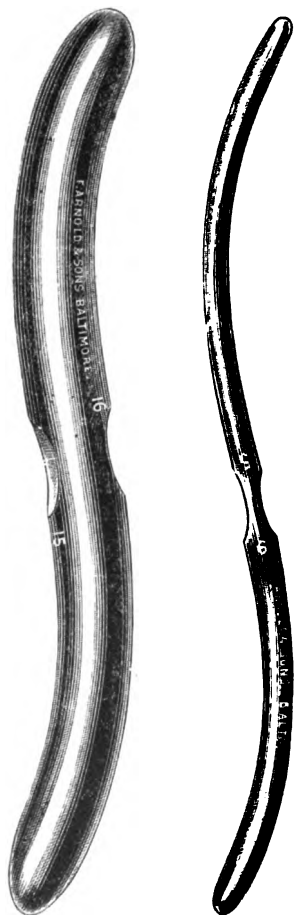


FIG. 1.—Urethral calibrator; short lines indicate diameter in millimetres.



FIGS. 2 and 3.—Double urethral dilators. The smaller sizes, Nos. 5 and 6, are only used when calibre of ureter is very small or narrowed by stricture.

While in Germany, in 1884, I found the first reference to this subject in an article by Prof. Schatz upon the "Druckverhältnisse im Unterleibe," and during my visit I had the pleasure of talking with Prof. Schatz upon this subject.

The accumulated clinical observations of the past twelve years, which, carefully observed, are often more valuable than experiments, have in many points changed my views, however, and I bring them before you to-day as an original contribution.

For the purposes of our study, the abdomen may be considered a cylinder, both of whose ends are closed by a diaphragm—the pelvic floor below and the muscular diaphragm above.

The size and form of the abdominal cavity are subject to the greatest variations, depending upon the respiratory movements, cardiac and arterial pulsations, the condition of the alimentary tract, whether full or empty, and the posture of the patient. To allow for such change, the abdominal walls are endowed with great elasticity. This elasticity has a limit, however, beyond which the tension becomes abnormal.

The difference in capacity existing in

the abdominal cavity between the normal repletion, as when the intestines, bladder and stomach are full and when they are empty,

may be called the "ordinary reserve space," while the difference in capacity between the empty cavity and the one greatly distended by advanced pregnancy, great obesity, tumors or ascitic fluid may be designated the "extraordinary reserve or supplemental space." In 1865, Braune studied this subject experimentally by injecting water into the rectum and then inserting a manometer, when he found that there was a rise in the external

tube as high as the diaphragm. From this he concluded that the water injected had risen within the abdomen to the transverse colon, and that his experiment simply demonstrated the law of hydrostatic paradox, and that there was no intra-abdominal pressure.

Schatz, repeating Braune's experiment, observed that the amount of water injected by the latter in his investigation often was not sufficient to rise beyond the sigmoid flexure. He avoided this source of error by taking his pressure curves from the bladder, from which he concluded that there is a definite pressure in all parts of the abdomen.

In the light of my studies, both practical and experimental, I feel that the deductions of both Schatz and Braune were erroneous. I believe the correct answer to the question is the following: In the erect position the pressure is positive in the lower part of the abdomen, decreases towards the middle of the abdomen and becomes negative above. That this is true, I have been able to demonstrate by simultaneously inserting a manometer into the bladder, distended with water, and a tube into the stomach; under these conditions I have shown an actual suction in the stomach tube, while there was a rise of 60

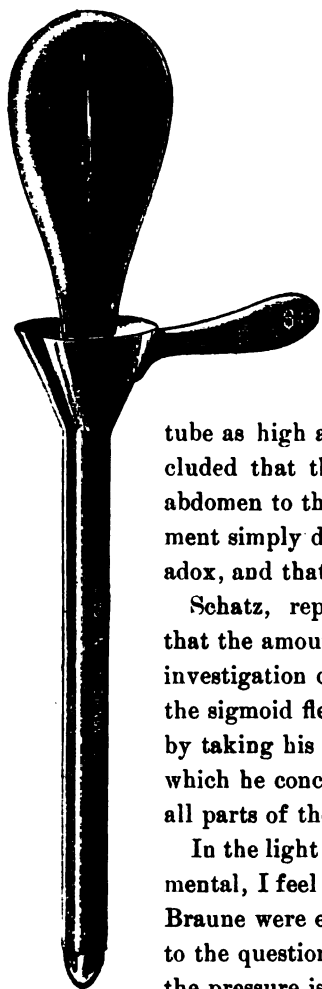


FIG. 4.—No. 6 speculum (natural size). This size is used when urethra is very small or in inspecting the bladder in children.

cm. in the manometer in the bladder, thus proving the assertion that

the pressure above is negative, while below it is positive.

This pressure below is simply the result of the gravitation of the viscera down onto the lower abdomen and the pelvic floor. When the patient takes the recumbent posture the viscera gravitate into the flanks and the manometer registers little or no pressure in the pelvis; the negative

pressure is then beneath the anterior abdominal walls and the positive pressure in the flanks. The latter observation is confirmed clinically by the in-rush of air and the dropping away of the intestines when the abdomen is opened in performing coeliotomy. This phenomenon only occurs when the reserve space is not occupied. If the abdomen is filled with ascitic fluid, large tumors, distended intestines, etc., the extraordinary reserve space is fully taken up, and instead of a negative there is a positive pressure from within outwards. This is shown by the spurting column of ascitic fluid from the abdomen as soon as the incision is made into the peritoneal cavity.

I would briefly summarize my conclusions as follows:

LAWS.

1. The abdominal cavity is a plenus, containing no empty space or vacuity.
2. Under normal conditions the limits of the capacity of the abdomen are not encroached upon; that is to say, there remains an available reserve of several litres, varying with the elasticity or the laxity of the abdominal walls in the individual under examination.

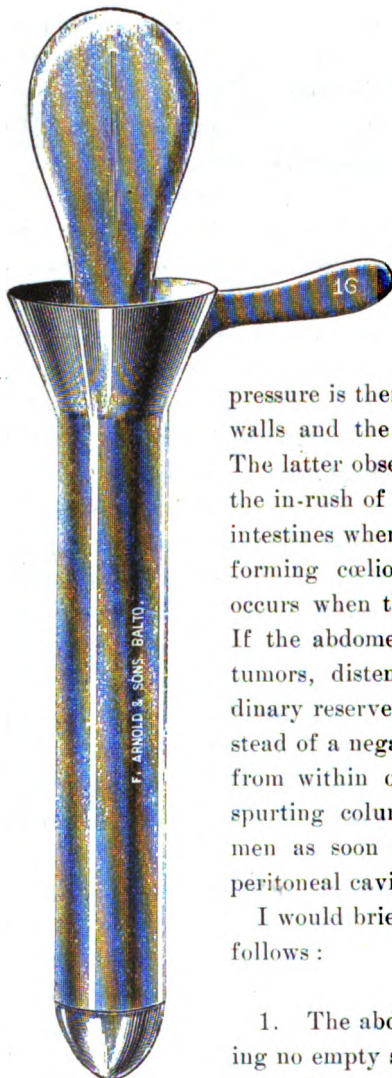
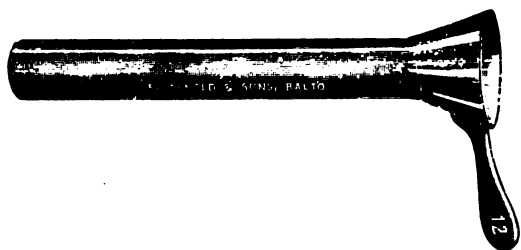


FIG. 5.—No. 16 speculum (natural size). This speculum is usually the maximum size used in cystoscopy or catheterization of ureters.

3. The statement that there is no pressure within the abdominal cavity made by Braune is erroneous.

4. The statement that the abdominal walls exercise a definite tonic pressure upon the contained viscera, and that the pressure is equal, or approximately equal, throughout, is also erroneous.



5. Under conditions which do not involve the ac-



FIG. 3.—Speculum and obturator (two-thirds natural size).

tive use of the abdominal muscles, the intra-abdominal pressure is simply due to the effect of gravity upon the movable viscera, acting like a column of fluid.

6. Under these circumstances, in the erect position the pressure is positive in the pelvis and lower abdomen at the same time it is negative in the stomach.

7. When the patient assumes the dorsal posi-

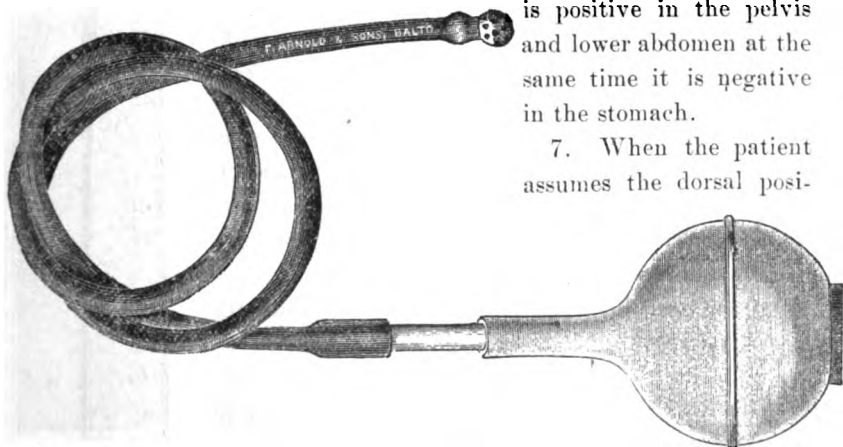


FIG. 7.—Suction apparatus (three-fourths natural size) used for withdrawing residual urine.

tion, the pressure is often negative over the anterior abdominal wall and positive beneath the flanks.

8. In the half-reclining position the pressure will be between the minimal and maximal (6 and 7) in a condition of rest.

9. Any active use of the abdominal muscles greatly increases the intra-abdominal pressure, which becomes positive throughout.

10. By elevating the pelvis above the thorax, the reverse conditions to those detailed in No. 6 are obtained, the pressure in the upper abdomen becoming positive, while it becomes negative in the lower abdomen and pelvis.

11. In consequence of the pressure being negative or sub-atmospheric, if an opening offers at any place the air rushes in, attempting to fill the space and equalize the pressure.

12. The possibility of the gravitation of the viscera causing positive pressure in the most dependent part and negative pressure in the part most elevated, depends upon the existence of the available reserve spoken of.

13. If the available reserve is exhausted by the encroachment of bowels distended by gas or by large tumors or ascitic accumulations, the suction phenomena do not appear.

14. The greatest available reserve is secured with stomach, intestines and bladder empty. Under these circumstances, upon elevating the pelvis and producing negative pressure, if the vaginal outlet is opened air rushes in and balloons out the vagina.

15. If the urethra is distended, air rushes in, filling the bladder.

16. If the anus is dilated, air rushes in, filling the rectum and part or all of the sigmoid.

* * * *

The utilization of these facts in the examination of the uterus and appendages, the bladder, rectum and vagina, is of the greatest practical aid. If you will place the patient previous to examination in the knee-breast posture, or while she is in the dorsal posture elevate her hips well above the thorax, the movable



FIG. 8. — Delicate mouse-toothed forceps (three-fourths natural size).

abdominal viscera will gravitate towards the diaphragm and thus render the uterus and its appendages accessible to the most delicate

examination when the patient is returned to the dorsal position, as the viscera do not return at once to their former position in the pelvis. In this way the most delicate adhesions of tube and ovary and other obscure lesions can readily be

mapped out.

By placing a patient in one of these postures before beginning an abdominal operation, you will frequently be able to secure all of the advantages afforded by the Trendelenburg position without its disadvantages. For the last ten years I have employed the knee-breast posture in rectal examinations, as upon opening the sphincter an air rushes in and distends the rectum and the sigmoid flexure, ballooning them out and bringing into view the entire mucous membrane. I employ a metal tube three-fourths of an inch in diameter and twelve inches long in exploring the sigmoid flexure.

No class of diseases has been so difficult to diagnose accurately and treat satisfactorily as those of the bladder, on account of the imperfect methods of examining the interior of this organ. By the application of this principle, however, this hitherto obscure field has been opened to direct inspection.

In my method of exploring the bladder and catheterizing the ureters, the only instruments necessary are the Nos. 8 to 14 dilators and Nos. 10 to 13 specula with their obturators, a simple suction apparatus, a ureteral catheter, a ureteral searcher, long delicate forceps for carrying pledgets of cotton into the bladder, and small pledgets of cotton. To properly illuminate the interior of the bladder, a head mirror and good light are required. The success of this examination largely depends upon the posture of the patient. Upon placing her in the dorsal decubitus, with hips elevated upon cushions

FIG. 9.

from 18 to 30 cm. above the table, and passing a speculum through the urethra, the bladder distends with air and is accessible

FIG. 9.—Ureteral Searcher.

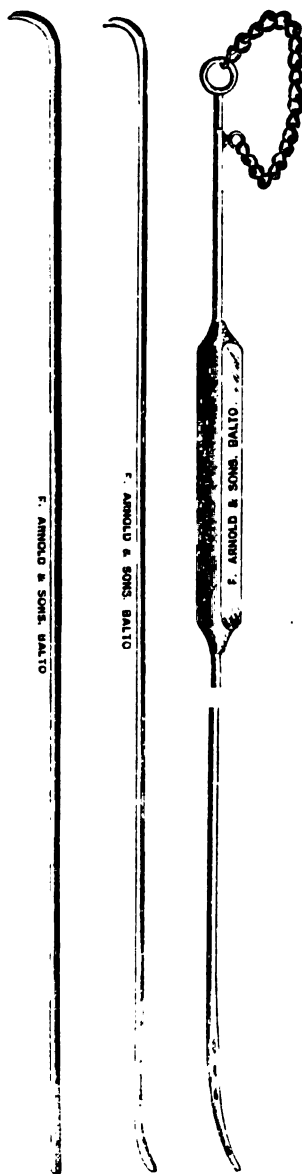


FIG. 10. FIG. 11. FIG. 12.

FIGS. 10 and 11.—Ureteral catheters without handles for direct catheterization through speculum.

FIG. 12.—Ureteral catheter with handle sufficiently reduced to allow speculum to be withdrawn after catheter is engaged in ureteral orifice

to inspection. The following simple procedure suffices: First dilate the urethra, using the graduated dilators up to 11 or 12 cm., the bladder is emptied and a speculum corresponding in size to the last dilator is inserted and the obturator withdrawn. The urine is removed with the suction apparatus and the pledgets of cotton. By inclining the speculum to one side or the other about thirty degrees from the median line of the body, the ureteral orifices are usually easily found. Not only is it possible to catheterize the ureters with ease, but the entire bladder wall can be inspected. In this way one can readily discover isolated areas of hyperæmia, inflammation, ulceration, tuberculosis, and, in fact, all microscopic lesions.

This method of inspecting the bladder and catheterizing the ureters has opened up a great field for the gynecologist. I have within the past six months had a number of opportunities of demonstrating its value. But a short time since I was able to catheterize the ureters in a case of pyonephrosis, in which pus could be seen flowing from the ureter of the affected side while normal urine escaped in jets from the opposite side. The patient was pale and much emaciated and had been under the care of a number of very capable specialists.

In another case of pyuria, I discovered a sinus leading from the posterior wall of the bladder into a tuberculous pyosalpinx.

And so many times weekly I am called upon to examine the bladder and catheterize the ureters in this way, thus clearing up doubtful conditions, applying direct topical treatment, in numerous instances diagnosing stricture of the ureter, and localizing purulent foci in one kidney or the other and paving the way for a successful operation.

THE FUNDAMENTAL REQUISITES FOR THE PROPER MANAGEMENT, AND FOR THE ELEVATION OF AMERICAN MEDICAL SCHOOLS.*

BY MARCUS ROSENWASSER, M. D., CLEVELAND, OHIO.

Mr. President, Ladies and Gentlemen:—A short time ago it was my esteemed privilege to listen to a comprehensive and lucid address by Prof. W. H. Welch, of Johns Hopkins University, on “Higher Medical Education.” To many of his audience the elaborate details of a complete, modern medical college may have seemed overdrawn, or even utopian; but to those acquainted with university life and methods in Germany and Austria, the medical educational centres of Europe, it was a portrayal of actual, not ideal, conditions. All around us we recognize evidences of the educational tidal wave coming from the east with irresistible force. The legislative establishment of State Boards of Medical Examiners, the organization of the American Medical College Association, the universal extension of the course of study and the increased preparatory requirements, all indicate the mandate to medical colleges for better equipment of those hereafter to enter the profession of medicine. Among those who have given this matter much thought there is a manifest tendency to take the German schools as models, and to transplant their scientific methods to American soil.

It has occurred to me that this was an appropriate occasion to note the difference of conditions at present existing in Germany and in this country, to study the obstacles to be overcome in the process of reform, and to demonstrate the inefficiency of the means hitherto

*Address delivered by the Dean at the Commencement Exercises of the Medical Department of the University of Wooster at Cleveland, March 21, 1894.

adopted to obviate them. Many of the participants in the clamor for raising the standard of medical education seem to ignore the fact that, as yet, our soil is incongruous, and that without careful selection of appropriate elements German culture cannot take root, develop and thrive, but must blight and wither on this continent. In my endeavor to outline this subject clearly, succinctly and impartially, I shall contrast the German with the American university, so-called. If my conclusions are correct as to the essential ingredients necessary to render our soil receptive to foreign fertilization, they will establish the fundamental requisites for the proper management and for the elevation of the American university. Although these requisites apply with equal force to all the learned professions, my argument will deal more especially with medical schools, with whose wants and burdens I have been directly in touch and feel somewhat familiar.

The German government manifests the deepest interest in its higher educational institutions. All deficiencies of income from endowment are covered by parliamentary appropriation. Education is represented in the councils of state by a minister, or cabinet officer. All appointments in the university are subject to confirmation by the Minister of Instruction, who is responsible to parliament and to the Emperor. Our federal government does nothing for higher education, except to gather statistics through a commissioner. A few universities enjoy a small subvention from their respective states. Our educational institutions are almost entirely dependent on individual philanthropy and enterprise. They are not subject to national control or supervision. Their management is vested in a board of trustees, clothed by the statutes with absolute power, and responsible to no one.

The German preparatory school, the "Gymnasium," corresponds to our literary college. It is no part of the university and ranks subordinate. To become a member of the university, the student must present evidence of having completed his "gymnasium" course. This certificate is demanded irrespective of the profession the student may have chosen to follow. All university students are therefore men of liberal education, trained to study and reason, and thoroughly equipped for original work in science or logic. While

the university is the goal of the German student, the college of letters and the literary degrees are the acme of our students' ambition. Our schools for professional training form appendages to the college, or exist as separate organizations, as is the case with most medical schools. The conditions of admission are so far below the standard of the college that the professional department must rank vastly inferior to the literary. The college forms the aristocracy of letters—a real university does not exist. When the German student enters on his studies in the "Gymnasium," he thereby indicates his intention to follow one of the learned professions. To follow the latter, the American student needs but the rudiments of a common school education; hence the incentive for higher study is lost. Many of our students enter college for the liberal education afforded, even though intending to follow a mercantile career. I know of no German university with a college. I know of no American university without a college. The German university ranks far above the college. The American university is completely overshadowed by its college.

The German university comprises four departments, or faculties, namely, theology, medicine, law and philosophy. They enjoy equal rights. Each elects its presiding officer, the dean. The deans represent their respective faculties in the academic senate, which body elects the rector, or president, of the university. The office of rector is annually passed from one faculty to another. If it be held by a member of the theological one year, it is reserved for the medical the next, and so on by rotation. Appointments to professorships are made by the Minister of Instruction from a list of applicants nominated by the faculty. The professors have a fixed salary, in some cases augmented by a revenue from tuition and examination fees, which latter are invariably high. The professor may retire on a pension after twenty-five years' service, or is retired at the age of seventy. The rejection of a faculty nominee by the government is not often recorded, and there are but few instances of the appointment of anyone objectionable to the faculty. Berlin was indignant at the refusal of the government to confirm Prof. Virchow as rector of the university, because he belonged to the opposition in parliament. Only the "Man of Blood and Iron" could have the audac-

ity to force upon the faculty his favorite physician, Dr. Schweninger.

Comparatively few American universities are complete ; they are deficient in one or more of their departments, or consist only of the literary college and theological seminary. The founder or incorporators of a college obtain their charter from the state and appoint or elect a board of trustees, who thereafter, by filling vacancies among their number, form a perpetual body. The powers of this corporation are limited by the charter. Within these limits the statutes invest the board with absolute control and management of the affairs of the college. Originally this control applied to the literary department, there being none other. But college rule and college administration are ill adapted for the scope of a university, and must needs lead to dissension or tyranny. The board of trustees have the legal right to appoint or depose professors, to recognize, ignore or abolish the faculties. In this country the faculties have no autonomous existence ; they have no voice in the government of the university except by the grace and courtesy of the trustees. The statutes make the latter more autocratic than are the constitutional monarchies of Europe. In these countries the cabinet falls with the ascendancy of the opposition in parliament. An appeal to the nation is at least possible. The trustees of a university recognize no superior ; from their decision there is no appeal ; they are not responsible to the government or to the state, except when under state subvention.

In Germany there are no independent medical schools. Medicine enjoys the aid and protection of the government equally with its sister professions. All university students are on an equality in their preparation for advanced work. The difficulties that are encountered in the effort to advance medical education in this country are due to the evolution and anomalous relation of medical colleges to higher education. With but few exceptions, if any, our schools of medicine were originally incorporated by a number of physicians interested in adding to their own knowledge and in imparting their experience to others. Most of these schools continue as independent organizations. Some have made alliances with literary colleges, forming the medical department. All are largely dependent for

support on the tuition fees of students. To induce a large attendance, the requirements for admission embrace only the rudiments of scientific preparation. This moderate standard prevails in all schools, whether university department or independent college, endowed or unendowed. It cannot be expected, therefore, that eminent scientists, expensive laboratories, costly apparatus and a few months added to the time of study will bring about the desired advance of medical education. These additional facilities serve rather as advertising cards for the school and as convenient experimental stations for the teachers and for a few advanced students, but cannot avail much with those students whose crude knowledge prevents a proper appreciation of even primitive laboratory work.

Considering these facts, the *first essential step* in the direction of advanced teaching ought to be the extinction of independent medical colleges and their absorption as departments in properly organized universities, whose standard of admission should be uniform, based on a liberal education. If this effected a total suppression of some medical colleges, the country would still survive. The Johns Hopkins medical department has taken the lead in this country by raising the requirements of admission even higher than the schools of Europe. Large amounts of money are necessary to support such a university. But few could thrive without government aid, which should be liberally voted. Subvention implies control, which brings us to the *second important step* in the reform movement.

There are many reasons why the administration of a university should not be vested in an irresponsible board, but should be organized on the federal plan under government supervision. I have no fault to find with the individuals constituting a board of trustees. As a rule, they are selected with care from the best element of cultured society. My objection is to the system, which is undemocratic and illiberal. Medical matters are often referred to and engineered by the one or two medical members, who impose on the ignorance of their non-medical fellows on the board. If unscrupulous, such medical gentlemen may domineer the faculty; may depose obnoxious rivals and appoint their own favorites; in short, they have the power to do at all times what Bismarck dared do but once in his life.

Allusion has been made to the peculiar evolution of our medical colleges. They are compelled to shift for themselves. The professors have no remuneration, but devote their quota of earnings, their influence and even their money to the best interests of the school. After years of such devotion, when the school has gained a firm foothold, endowments begin to come. Now comes also the board of trustees, which has bestowed absolutely nothing upon its medical department, which has looked on its early struggles with stolid indifference and has answered all appeals for help with a heartless "*non possumus*." The faculty is coolly informed that they have neither property nor rights which the board need respect, and that it is a matter of extreme indifference whether the hitherto faithful faculty submissively remain or aggressively depart. This may be law, but it is not justice nor equity, nor does it meet the approval of the public conscience. Only recently the movement to unite the independent colleges of Chicago as the Medical Department of the Chicago University failed, because the faculties would not surrender their accumulated property nor sacrifice their independence for a name. It is not intended to convey the impression that the relations as described between trustees and faculty always prevail, but that they may exist. Possibly there are those in this audience who know of such instances of unblushing arrogance.

Whether the time will come when we can attain the recognized excellence of the German medical schools, or whether our development, added to German experience, may not carry us even beyond the present proud position of our model, one thing is assured—we are steadily advancing. There is no retrogression nor stagnation. In my humble judgment, the advance will eventually be along the following lines:

First. Government subvention and supervision; or, if impracticable, responsibility of boards of trustees.

Secondly. Autonomy of the faculty in its department.

Thirdly. Uniformity of requirements for admission based on liberal preparation.

RELATION OF LOCAL TO STATE MEDICAL SOCIETIES.*

BY ALBERT R. BAKER, M. D., CLEVELAND, OHIO.

In casting about for a suitable subject for presentation at this time, I thought the discussion of the relation of local to state medical societies might be of interest.

Medical societies, like medical colleges, in the United States have been largely of indigenous growth and peculiar to the country ; often serving an admirable purpose, but frequently outliving their day of usefulness to be superseded by others better fulfilling the needs of the times.

The history of Cleveland medical societies is probably only a repetition of that of similar organizations in other large and growing centres of population. For many years the Cuyahoga County Medical society was the only one in the city ; its membership was small and the meetings poorly attended.

In 1884-5 the society was re-organized and incorporated, a large number of new members added and several old ones dropped. The meetings for several years were well attended. The membership was increased to about one hundred and thirty. The nucleus of a medical library started. Good papers were read and the discussions were valuable. The society has continued to do good, honest work up to the present time. But it has failed sadly to meet all the needs of the profession in a city of this size. It has not been progressive. It has stood by too many of its old traditions ; it has, for instance, persisted in holding afternoon meetings, with no reasonable excuse for doing so, except that it has always done so. The Cleveland Society of Medical Sciences probably would not have been organized in 1889 if the County society would have consented to hold evening meetings. Notwithstanding repeated and persistent efforts on the part of the editors of the *MEDICAL GAZETTE*, the society has refused to have its transactions published. The society has been unfortunate in the selection of its place of meeting. It should have a building of its own.

No systematic effort has been made since 1884 and 1885 to in-

*President's annual address, Cuyahoga County Medical Society, Cleveland, Ohio, April 5, 1894.

crease our membership. We have gone along quietly with our work and forgotten that there are twice as many doctors in the city as there were ten years ago. Many of us were surprised, when a call was made a year ago for the organization of a new society, that it should start off with a charter membership of over one hundred, and that it now numbers over two hundred. These men all ought to have been invited to join the county society; and then there would have been no occasion to organize the Cleveland Medical society. But it is ever thus; a new society is organized; it starts off with a blare of trumpets; it has a large membership; its meetings are enthusiastic; but gradually the interest flags, the society gets into grooves, many members become lukewarm, others are dropped for non-payment of dues or more serious reasons. Some are offended, new men locate in the town, the times are ripe for the organization of a new society. Sometimes there is a split in an old society, often engendering most bitter animosities. But whatever the origin of these local societies, when there are two or more in a city, there is an irresistible tendency for them to unite in one body sooner or later. It is hardly necessary for me to call attention to the numerous instances of this tendency for rival medical associations to unite. Recent examples, familiar to you all, were the union of the New York County Medical society and the New York Academy of Medicine; the Cincinnati Medical society and the Academy of Medicine in that city; and still nearer home, the union last summer of the Erie County and the Sandusky Medical society. We are told that an effort is now being made to unite the Detroit Medical societies. The entire medical profession of every community should be united in one strong body. The ideal organization is the county medical society. This organization should be a flexible one, adapted to counties of the most scattered population as well as to the most populous cities. In the large cities the societies should be divided into sections, so that the meetings could be frequent and not so large as to be unwieldy. In this way a member need attend only the meetings of those sections in which he is likely to be interested; of course, all members would attend the general meetings at stated intervals.

The local society should have a definite geographical outline,

preferably a county; but there might be special reasons for uniting two or more counties into one association, and there may be peculiar conditions necessitating two societies in the same county. But one should not encroach upon the territory of the other.

The county society should sustain definite and intimate relations to the state and national organizations. All members of the county society should be permanent members of the state society. All business of the state organization should be transacted by delegates from the county societies. It should be impossible to become a member of the state society without being a member of the local one. The fewer delegates from each society the better. This is the plan upon which state medical societies are organized in other states. The constitution of the Ohio State Medical society, previous to the adoption of the amendment at Sandusky in 1891, provided that the business of the society should be transacted by the permanent members. Delegates from the auxiliary society were provided for, but were given no voice in the transaction of the business. In fact, before they could become members in any sense of the word they had to look around and find two members of the state society to recommend them. Then these applications, duly signed, had to be submitted to the admission committee, together with a fee of three dollars, and then on vote of the society and signing the constitution, they might become members and take part in the work of the society. This ridiculous and cumbersome method of gaining admission to the state society has served to prevent any increase in its membership for twenty years.

Dr. P. S. Connor, in his presidential address at Youngstown, in 1889, took occasion to say that, "The object of the state society is to promote the highest interests of medicine; primarily, within the geographical limits of the state; secondarily, in the country at large. This it must do by upholding and advancing professional honor and dignity; by aiding in the diffusion of medical knowledge, and by giving moral and material support to all legitimate efforts to increase the public weal by diminishing disease and caring for its subjects. That it may exert any amount of influence upon the profession or the people in Ohio, its membership must be sufficiently large and generally distributed to at once enlist the sympathies and command

the respect of the great mass of physicians in every section of the state." Is it so at present?

Of about four thousand doctors having no creed, bearing no limiting designation, the names of five hundred and sixteen appear on the roll published in the last volume of Transactions. Contrast this with the seventeen hundred members of the Massachusetts Medical society, out of a total of about two thousand physicians in the state. Of the eighty-eight counties of our state, nine are unrepresented; in each of eleven there is but a single member; of twelve, two; of eleven, three; so that in forty-three counties (but one short of half the entire number), there are only sixty-eight physicians connected with what has for nearly fifty years claimed to be the Ohio State Medical society. One-third of our members are residents of one or other of six counties. For every reason, measures should be adopted to bring into the society a very large number of men. Would it not be wise to amend our organic law, that every regular physician connected with the representative local medical society should, in virtue of such membership, belong to the state society, leaving to after action of the society all matters of detail, especially financial?

Our auxiliary, county and local societies are far too few in number, and are yearly becoming fewer. Many are practically in a state of suspended animation. This state of things should not be allowed to continue. An active-working district or county society is a great promoter of harmony and good friendship. In no other profession is it more true that "United we stand, divided we fall"—in public estimation.

A committee to consider that part of Dr. Connor's address referring to the organization of county societies and their relation to the State Medical society, quoted above, was appointed, consisting of Drs. Reamy, Thorn, Loving, McEbright, Baker, Goodhue and Case. This committee recommend an amendment to the constitution, making members of the county societies members of the state society in fact as well as in name, and transferring the business of the society from the permanent to the delegate members. This amendment was adopted at Sandusky in 1891, but it was first amended, giving all of the present members of the state society the

privilege of voting. This was the first effort made to defeat the objects hoped to be attained. It is unnecessary for me to repeat all that has occurred since then. This is an old fight. By referring to the minutes of the society for the last forty years, you will find this matter has come up almost annually for consideration. I have often been asked why such strenuous efforts have been made to defeat every attempt in this direction. The good sense of every right-thinking member tells him it is the right thing to do, and the practical experience of other state societies has proved its beneficial results. It seems very strange that some method of re-forming the society cannot be devised. There are times in the history of medical societies, as in the history of governments, when the only way of righting wrongs and correcting abuses is by revolution. It would be a most unfortunate occurrence to have a new state medical society organized, and yet we fear that the present society would fare badly if a new one was to be started embracing all the regular practitioners of the state.

One of the chief difficulties in the way of reorganizing the present state society is the district and other local societies which are rivals of the county societies; for instance, here in Cleveland it is possible for a practitioner to belong to any one of the following societies, which are or may become auxiliary to the state society: The Cuyahoga County, the Cleveland Medical, the Cleveland Society of Medical Sciences, the Northeastern, the Northwestern, the Northern, the North Central, or any other that may be organized. Where there is such a multiplicity of societies covering the same territory, it is impossible to establish any practicable system of delegates that will prove equitable or satisfactory. And then, too, it permits of undesirable men gaining admission to the state society. If a man is ineligible to membership in one, he is always able to secure membership in another, and in case he fails can organize a society of his own. It is unnecessary for me to cite examples where such things have been done.

There is in every community one or more porcine individuals of whom it has been said* "He plays his part in manifold ways. He

*Medical and Surgical Reporter.

often roams in high places and may even wear a professor's gown. He looms up at medical conventions, and, indeed, may be an author of no mean position. He is always clamoring for reform; he wants to reform the code, let down the bars and clear the way, so that his pilfering career may be unhampered. His neighbor stands in mortal terror of him, because he well knows that should he be required to call him in consultation the new rival would quickly oust him and coolly take possession himself. He performs impossible operations, and always cures every case; and the unsuspecting, simple-minded, honest plodder, as he reads his statistics, is quite overcome with amazement and admiration. He has a sneaking way of advertising. To go into the regular newspaper columns with the quacks would be to mix with the common herd; moreover, it is highly expensive; therefore he has himself interviewed, or one of his helpers will see to it that while the great man speaks, full stenographic notes are taken, and the thing, highly colored, will be spread broadcast in the early morning press. The drag-net of the pirate is so far spread out that he leaves almost nothing for the honest plodder. From year to year he becomes more and more bold, and finally, having duped and bulldozed his professional brethren, he turns his attention to lay people, before whom his hideous hypocrisy is supported by consummate strategy."

The audacity of this medical buccaneer is villainous. He not only destroys the happiness of the local practitioner, but it is he who destroys the usefulness of state and national organizations; and the only way to keep him out of these societies is to compel him to enter through the local society at home, where he is known.

HEAT, VENTILATION AND DRAINAGE OF THE BODY.*

BY C. W. SMITH, M. D., CLEVELAND, OHIO.

The subject matter which has been prepared for this paper was suggested by previous work of this society. In the discussion of the treatment of fevers, the dangers and methods of treating high temperatures were set forth at some length, and, among other points,

*Read before the Cleveland Medical Society, February 23, 1894.

the especial necessity for eliminating the products of disease was mentioned. It is, then, with an effort to intensify these ideas and dwell upon the underlying principles that this paper is presented.

Caloric, or heat, is a subtile principle, and is apprehended by a study of its causes and effects. We learn from our scientists that heat is a mode of motion, and, like light, is probably vibratory. In other words, it is the vibration of some subtile, ethereal compound, or element, which is set in motion as the result of force.

When two opposing forces meet, the concussion produced causes a rise of temperature. In other words, the original forces have been transformed into a force called heat. Force cannot be destroyed, but, like matter, is subject to a change of form.

Heat can be generated by force only. It is generated for the most part by combustion, wherein the forces of chemical affinity act as the motor. Heat is produced by friction, and, in fact, is produced whenever force is opposed in such a way as to cause the subtile medium of heat to vibrate.

Here the question arises as to whether heat, as we understand the term, signifies vibration, or whether it signifies a sensation produced by vibration. At present, the vibratory motion and sensation are both spoken of as "heat."

Heat may cause a sensation, but the heat motion produces other effects as well as sensation. In studying the laws of the conservation of force, we learn that the sun is our gigantic motor; that through the force of its heat and light, the chemical elements of our earth are kept in action; vegetation is encouraged and supplied with power for its maintenance and growth; carbon is accumulated as a result, and is stored in the hills in the form of coal, from which heat and power may again be drawn. In fact, all inflammable elements and compounds are readily converted into heat, and consequently into force, or power.

The food elements upon which we subsist are for the most part inflammable, *i. e.*, they are readily oxydized, and undergo chemical changes from which heat and power are evolved. The power so generated is utilized in making every movement of the body, and in carrying on the special functions of life.

Heat is necessary to support life. No heat, no life. Intense

heat destroys life; hence we see that to support life, heat must be generated, and also regulated.

Applying this principle to man, we speak of normal temperature.

The laws of nature act just as potently within the body as they do without. There is but one chemistry, one set of laws for levers, gravitation, etc. Ducts, or conduits, if you please, are found throughout the system for conveying fluids to and from every part, and, connecting the surface with the interior, we find large air tubes for ventilating sub-dermal structures, which remind one of the machinery for ventilating large ocean steamers, or shafts, and subterranean passages. A dissection of the body suggests the exhuming of a buried city in which devices are found for furnishing water supply and establishing drainage, but Pompeii is not sufficiently modern to illustrate the devices of anatomy. The arts of creation are better represented in the light of modern discoveries. The network of electric wires that girt and interlace our towns is very like the nervous system. Extending the simile still further, we find the inhabitants of our anatomical city in the form of tissue cells. They are born, live, breathe, take food, excrete effete matter, propagate young and die. Food supply, heat, ventilation and drainage are prime necessities for their existence.

The efferent and afferent nerves are so arranged as to complete electric or magnetic circuits for all parts of the body, and in many respects nerve force is akin to electricity. It causes muscular contractions, transmits sensation, orders and directs motion and conducts sound from the ear to the brain.

A sensation which originates at the finger-tips reaches the brain by way of the nerve trunks, but not without a propelling force. Force is never at rest, and nerve force can be no exception to this rule. It must be in a constant flow upon all lines of the cerebrospinal system and sympathetic systems, except possibly when for purposes of heat or motion the power is diverted from certain parts and is concentrated upon the lines in use. As there will be occasion to make frequent reference to nerve force in the following paragraphs, a name has been sought for it that will better convey the intrinsic idea. Failing to find any, I beg indulgence to use one newly coined—"Electro-vitalis," or vital electricity.

Peripheral sensations, I am constrained to believe, are reproduced in the brain, as the voice is reproduced by the vibrating tympanum of a telephone, and that nothing passes through the nerves except this peculiar force. Motion is produced by the action of electro-vitalis upon the bodily motors, or muscles. Heidenhain observed that tension applied to a muscle increased both the chemical products (carbonic and lactic acid) and the rise of temperature which accompanied a contraction (Foster's Physiology, page 91). Thus we may infer that muscular action is a promoter of bodily heat.

Heat is probably the original power which generates electro-vitalis, and heat is probably evolved from nerve force, when a great amount of it is concentrated upon one or more nerve fibres which have not a sufficient capacity for conducting it without resistance. Tissue metamorphosis is productive of heat, and heat is productive of tissue metamorphosis. Inflammation is the cause of surgical fever, and surgical fever may be the cause of an increased tissue metamorphosis throughout the entire system. I speak of inflammation as being a cause of pyrexia, since it seems to be the "*sine qua non*" of febrile diseases. To regulate temperature, then, to a certain degree is equivalent to the treatment of inflammation. Inflammation is caused by irritation of the nerves. The nerves reacting through the vaso-motor system cause a relaxation of the vessel walls, with a consequently larger capacity for blood. Congestion is established and the subsequent stages of inflammatory action follow in order, exudation of serum into the tissues, migration and death of the blood corpuscles, formation of pus, proliferation of the connective tissue, etc. Inflammation was described by the ancients as "*Rubor, Tumor, Calor, Dolor*,"—redness, swelling, heat and pain. It is a first-class tissue metamorphosis attended by an increase in the bodily temperature in direct proportion to the extent and violence of the inflammatory action. The heat thus generated is disseminated throughout the body, by conduction through the continuous and contiguous tissues, by the blood and lymph; and I believe it is disseminated even more generally and powerfully by the nerves. This power, or an equivalent power, irritates the nervous system, as we say, and I wish to suggest that the power travels up and down the nerve trunks and fibres as electricity travels in the trolley wire.

The exaltation produced is exceedingly wearing upon the tissues, which become losers of strength by increased activity. Prolonged high temperatures are to be feared in the body, because they accelerate tissue metamorphosis to an alarming degree. Radiation of heat from the body and the amount of heat which escapes in the breath and evacuations is a loss of force and exhausts the vital energy. The study of psychology teaches us that all of our knowledge is gained by perceptions received through the senses—sight, touch, taste, hearing and smell. These perceptions are received as a result of irritation of the sense organs and nerves. This irritation, and in fact any form of irritation, becomes painful and inflammatory when intensified, no matter how pleasant its moderate action may be. Irritation implies the action of force—mechanical, chemical, thermal, electrical, etc.

Excessive irritation is said to be the sole cause of pyrexia. In the sick chamber we enjoin quiet as an antipyretic. If the light is intense it should be modified; disagreeable odors, irritating draughts of air and irritating conversation should be avoided.

Ventilation, with pure air, is a most reliable disinfectant, and consequently is antiflogistic. Want of pure air means the suffocation of tissue cells and increased tissue metamorphosis.

The air passages should be kept free from obstructing tumors and membranes during health, as a prophylactic and safeguard in case of disease.

Suitable drainage of the tissues and a maintenance of the excretory functions of the body are more essential to individual health than the services of offal wagons and sewers are to the public health of cities and towns.

Hot water often lessens high temperature, when injected into cavities, by assisting drainage and destroying germ life.

A case is called to mind in which the bodily temperature was made to fall from 105 to 99° within a period of six hours by removing blood clots from the uterus and injecting hot water, charged with one dram of carbolic acid. Antipyretic treatment must be aimed at the removal or suppression of irritation. Heat once evolved can only be disposed of in three ways—conduction, radiation and conversion into forces of other types. The proverbial

ounce of prevention is worth the pound of cure. At the onset of febrile diseases, the fight should begin. Hydro-therapy, acetanilid, antipyrin, rest, etc., are means at the disposal of the practitioner. He must weigh them in the balance and discard those found wanting. At the same time, a grave responsibility often compels him to accept the least of two evils.

RE'SUME'.

Heat is an exhibition of force.

Bodily heat is vital force acting in the form of thermal vibrations.

Nerve force determines and stimulates normal as well as abnormal tissue metamorphosis, and is a most potent regulator of bodily heat.

When the temperature of the body is high, vital force is rapidly generated and lost at the expense of the tissues. An avoidance of high temperatures is an economy of tissue and strength.

Excessive tissue metamorphosis generates excessive heat. Excessive heat reacts upon the nerves, causing high tension of the tissues, subsultus tendenum, delirium and prostration.

Microbes, mechanical and chemical irritants, fermented and putrid substances and broken down tissue must be eliminated from the system by ventilation and drainage, in order to prevent irritation, with resulting inflammation, high temperature and possible death.

Antipyretic treatment must be aimed at the sources of pyrexia, *i. e.*, different forms of irritation.

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DISCUSSION ON DR. SMITH'S PAPER, FEB. 23, 1894, SEE PAGE 258.

DR. J. GAD.—I congratulate you on the clever paper we were listening to. It covered so wide a ground and dealt with so many important topics that it is difficult to find a starting for discussion. In regard to a special point that struck me, I beg your leave for some words about the relation between nervous processes and heat origination. The trivial comparison between nervous processes and the conduction of electricity through telephonic wires has been used by the author with an appreciable degree of precaution, and yet it seemed to me that he went a little too far by inferring that heat might be produced within nerves as there would be heat production within metallic wires during conduction of electricity. The nervous processes are of a chemical character, and it is strange enough that those chemical processes do not produce heat to such an amount that it could be shown undoubtedly by exact experiments. Physiology has no explanation for this, but we know a fact that might lead to an explanation. Speck stated by exact experiments that intellectual work does not increase the amount of expired carbon dioxide as bodily exercise or action of the secretory glands will do. We must conclude that the nervous substances are not at all engaged in those chemical processes of combustion that produce heat and work within muscles and glands. The muscles and the glands are the furnaces of the body. The nerves are engaged in heat production only by exciting or inhibiting those processes of combustion within the muscles and the glands.

As to the paper in general, I should have liked to have heard the author entering a little more into the therapeutical question of heat regulation in fever. We are now in a very striking dilemma as to the action of drugs and baths. The results of scientific work, a good deal of which has been performed by your countrymen, Ott, White, Hare, Reichert and Carter, seem to plead in favor of drugs, as antipyrine, phenacetine and phenocol. They act upon the nervous heat centres, and by bringing back their standard of heat regulation nearer to the normal point, they mitigate the consumption of combustible substances. Cool or cold baths, on the contrary, which lower the temperature only by increasing heat dissipation, and which leave the abnormal height of the standard of heat regulation unchanged, cannot unfold their obviously sanatory actions but in spite of increased combustion. And yet clinical experience pleads for cool baths. Since Dr. Brand, one of the most enthusiastic cham-

pions for the application of cool baths in typhoid fever, found many followers in America, and Dr. Sihler, who introduced successfully Brand's method into private practice, lives in this city, I should like to learn something about this theoretically interesting and practically important question by listening to a discussion of the quoted dilemma.

DR. H. J. HERRICK.—I have enjoyed the interesting paper of Dr. Smith because it calls us to a consideration of the normal, physiological processes which are always essential for the health of the body. In all of our reasoning regarding the abnormal we should have distinctly before our minds the normal. Again, in the line of thought presented, we have in view the fact that the processes of "heat production, ventilation and drainage" are for the well-being of the whole or any of the parts of the organism.

Though these processes are not the function of any one organ or group of organs, or not treated of specifically under physiological heads, yet they are so constant and essential as to be important factors in health and disease. Heat production in health by some is thought to be regulated by certain nerve centres—heat centres. This is simply a theory and not tenable by any means of demonstration or experiment. Heat, we may assume, in the living body is due to cellular combustion or changes which are involved in the process of life. It is due to combustion—a combination of the carbon of tissue with oxygen of the blood. The results are "dynamic energy," heat and waste products. It should be borne in mind that the source of heat in disease is not different from that in health. The difference consists in the degree of vital activity and the amount of heat and the rapidity of waste formation. This, in continuing the figures of the paper, requires better ventilation and more rapid drainage.

The ventilation process is by air in the lungs; the drainage is by water, which is the great vehicle of change throughout the body and for the drainage as well. I will only add that a consideration of the body as a mechanism, complex in organ and function, with intimate mutual adaptations, has always been a favorite picture with me. I am accustomed to think of certain processes as fundamental, essential certainly for the health of the entire body. If they are not normal all others suffer and disease is the result. We may regard this paper in the line of presenting these essential processes.

DR. W. J. SCOTT was opposed to the theory of nerve force being compared to electricity, as he considered the two to be as distinct as nerve tissue and a cup of wine. He was of the opinion that nervous impulses originate in the cell at the point of irritation.

DR. H. W. ROGERS.—It is an acknowledged physiological law that the metabolic processes of the body are the source of heat, and that the

body maintains an equable temperature under ordinary circumstances. It is further believed that there is an optimum temperature at which these processes are most successfully carried on. Above it they are first stimulated, then depressed, and below it depressed. The cold-blooded animal changes his temperature to the surrounding medium, while the warm-blooded maintains his at a normal or even one though the medium be often changed either to higher or lower. Lower media tend to depress.

Mere heating of living matter causes an increase in metabolism; thus do we find that in febrile disease the increase of bodily temperature gives rise to increased metabolism, and increased metabolism means increase of temperature; in other words, the causes are reactionary. The time consumed by these agents in producing tissue waste is often an important factor, so that low febrile movement may take an amount of time greatly in excess of that of a high temperature in causing the same degree of general waste to the body.

The amount of heat produced by a healthy man if none were lost would raise the temperature 3.6° F. every hour; and as the body, we have found, maintains a certain normal or equable degree of heat, there is of course some means provided for its loss or dissipation. This we know to be carried on by radiation, evaporation and conduction. In some animals heat production regulates the temperature; in others, heat elimination. That evaporation is carried on largely through the skin, is generally believed, and that the circulation of the blood, including the condition of the blood-vessels, plays an important part, is also well known.

There are unquestionably heat regulating centres in the brain, which in the normal individual are active in the maintenance of bodily temperature; but as to what part they play in the febrile individual is as yet debatable ground. From these and other well-known facts, what deductions may we draw as to the treatment of febrile conditions when the normal relations of heat production and heat elimination are unbalanced? If we check excessive metabolism we check heat production, or if we check or reduce a high temperature we reduce metabolism. So that any means employed toward one or the other of these conditions, if successful, attains in a degree the same end, that is, the tendency is toward the normal. Now if this be done by increasing heat elimination, how must it be accomplished? Generally speaking, in but one way, and that by reducing materially the circulation and increasing the functional activity of the skin. Those drugs which materially lessen the circulation and thereby increase heat elimination, are powerful cardiac depressants, and their continued use is not within the bounds of safety.

Quinine has stood the test of time, and the results of clinical experience certainly go to prove that for continued use for a long time as an antipyretic there is none safer. That its power of checking the organizing power of the blood and decreasing tissue waste,

is a settled fact. Tissue change or metabolism is checked by quinine, for after the cessation of the administration of the drug there is no increase in the elimination of their products, which would certainly be the case had the action been one simply of suspended elimination. At the same time, quinine is sedative to the circulation, producing a fall of blood pressure, partly from its effect on the heart and partly from vaso-motor action.

Cold being a powerful reducing agent, we have again one which shows, as a rule, no deleterious effects on the circulation, but by its power of lowering temperature must check tissue waste.

There are, in the opinion of the speaker, no others whose history, either clinical or physiological, enables us to class them among the safe and reliable fever reducers for long-continued use.

DR. P. MAX FOSHAY.—*Mr. President, Gentlemen:*—One point in this discussion seems to have been overlooked thus far, and that is, the relation of diet to the question in hand. The "heat, ventilation and drainage" of the body are merely accidents of general metabolism, that is, these three physical processes are properly performed only when the protoplasmic activity of the cells of the body is at its normal. Under metabolism we include digestion, absorption, assimilation and carriage of food-stuffs to the tissues, where they are transformed into new tissue, energy, heat and simple compounds, which are carried to the excretory organs and eliminated from the organism. Of the three great classes of foods, the proteids furnish new tissue and some energy, the carbo-hydrates heat and energy, and fats heat alone. Hence, body heat can be much influenced by diet, and fever patients are best fed upon light proteids as furnishing energy and tissue but not heat. In general, the "heat, ventilation and drainage" of the body, whether in health or disease, are wholly dependent upon the character of food furnished to the organism.

DR. ALDRICH.—*Mr. President:*—The comparison which the Doctor has made in his unique and interesting paper of the emunctories of the body to the sewers of a city is both striking and suggestive; yet we must not forget that the sluiceways of the human organism have some advantageous peculiarities which our civil engineers can never successfully imitate. I refer to the vicarious functions of the excretory organs.

We are all acquainted with the community of origin of the excretory organs of the body, and although nature has specialized the functions of each for the better drainage of the organism, yet enough of their primitive character has been retained to enable them in an emergency to become compensatory excretory agencies for the more or less perfect performance of the functions of their crippled fellows.

It is not necessary to cite you instances of these conservative forces of nature. They are so often present in disease that their features

are always familiar. It is through their versatility in this direction that the body is enabled to maintain its delicate balance between waste and repair. Only in gross changes does nature need the physician's interference. Along these lines nature points to a cure, and the physician will best succeed who acts on these delicate hints of nature and relieves the organ the performance of whose function is disturbing the whole economy.

This is an interesting subject, the discussion of which brings to mind many pathological conditions and disturbed functions produced by the deflection of the sewage of the body along channels not intended by nature. I hope this peculiarity of the sewers of the body will receive in the discussion the consideration to which it is entitled.

DR. J. H. LOWMAN spoke of fevers as being a conservative element in disease, and thought it might be a question at times whether it was wisdom on the part of the practitioner to take active measures to prevent it. He illustrated his remarks and quoted several physiological experiments.

DR. C. B. PARKER dwelt upon the importance of perfect drainage in surgical diseases, and was doubtful whether the nervous system exerted any influence over temperature. He considered that the *materies morbi* was the greatest factor to be contended against.

DR. W. T. CORLETT: "In speaking of the drainage of the human body, I will take occasion to cite a number of cases that would be classed under the head of eczema, but having an etiological bearing on the subject under discussion. In one the function of the kidneys was interfered with and the skin took on a vicarious action, accompanied by a distinct urinous odor. Soon an inflammation broke out over the whole surface of the body, which subsided only after the function of the kidneys was restored. In acne, too, an interference with the intestinal elimination is often met with, and in my opinion often acts as an exciting cause."

DR. W. A. KNOWLTON.—*Mr. President:*—I will say a few words on the practical side of the subject under discussion.

We believe that heat is generated by tissue change, both constructive and destructive, and it is probable that the nervous system presides over and largely controls metabolism. It is true that in the vegetable kingdom we see the manifestation of vital energy apparently independent of nervous influence (an unsettled question); but in animals, and especially in the more highly organized, it is probable that tissue change is largely determined by nerve action. In wasting fever we are apt to think that it is the fever which causes the waste, whereas it is the more probable that the waste causes the fever. One kind of irritation of nerve cells may cause hyper-nutrition, increased constructive changes; another sort of irritation may

cause increased degenerative changes, and in both processes heat is generated. The primary cause of fever, then, is irritation of nerve cells. Now, if we accept these views, at least as a working hypothesis, we have a guide as to the choice of remedies for the reduction of hyperpyrexia in the essential fevers and in inflammations.

Fever may be reduced in three ways: First, we may aid the elimination of the *maturies morbi* and of effete material which act as irritants to nerve tissue. Again, remedies may be used which act as tonics to nerve cells, enabling them to recover for the time their vital energy, to resist the action of the irritant and to perform their functions in a more normal way. As representatives of this class I may mention quinia and the cold bath. Again, remedies may be used which are depressant and paralyzant to nerve cells. Among these the coal-tar derivatives may be mentioned.

In fever, if an antipyretic is needed, we choose our remedy according to the character of the irritant (the *maturies morbi*), the known tendency of the disease in hand, and the condition of the patient.

In acute inflammations depressants may often be used with advantage, much less frequently in the essential fevers and in septic conditions generally.

DR. G. W. CRILE—*Mr. President*:—In discussing the heat ventilation and drainage of the human body, it might be well to turn aside for a moment and consider briefly a simple question in biology. The metabolism of the amoeba is about the same as that of the cells of the human body. This unicellular organism leading an independent life lends itself easily to study, and the observations made on it may be applied to the cells of the higher animals, and, as the cells are the units composing the compound whole, some deductions may be made and comparisons drawn. The metabolism of the amoeba is dependent upon its environment—the character and solubility of the media which surround it, as well as the temperature. The metabolisms of these organisms are most active at a certain constant temperature—the optimum temperature, when a sufficient quantity of suitable food is obtained, when a sufficient opportunity to dispose of its excreta, and a sufficient supply of oxygen. The lower organisms do not flourish in the presence of their excreta. The drainage must be adequate. The corpuscles of the blood are dependent upon their environment, the plasma as much as the amoeba. In all the elementary cells composing the body this same condition of optimum temperature, the presence of suitable food, and the sufficient drainage of the excreta of the individual cells is equally essential. To this end the vascular and the lymphatic systems serve in determining the environment of the cells. It has been said that all beings live in water. This may be said of the higher animals. About one-third of the body's weight consists of lymph. This fluid surrounds almost every cell, and consequently the character of this fluid bears upon the metabolism within the cells. The ventilation and drainage are

almost wholly dependent upon the proper relation between the blood-vessels and the lymphatic, especially a proper distribution of sufficient blood pressure and an unobstructed flow of the lymph stream. The metabolism of some of the cells is dependent in part upon the nature and the intensity of nervous impulses received by the cells. Thus the metabolism of all the glandular and of the muscular fibres are dependent for their peculiar metabolisms upon nervous impulses, granting that their environments are favorable. The production of heat is regulated by the nervous system. The probable heat centre in the medulla operates by controlling the vaso-motor centres, and also by its control of certain secretory centres, causing the augmenting or inhibiting of the metabolism of corresponding cells. The correlation of forces in the body is in the normal condition so nearly balanced that the optimum temperature of 98.2-5 is almost constantly maintained; when, however, the temperature tends to rise above this optimum, the heat centre, by exercising control of the sweat centres, causes a rapid elimination of heat in the process of the production of sweat. Other functions by which heat is eliminated are also increased by the automatic heat centre. When the temperature tends to fall below the optimum, the metabolism of certain tissues is increased in like manner, and a sufficient amount of heat is produced to raise the temperature to the normal. Thus we find the heat producing and the heat reducing apparatus operating through a variety of tissues in various ways; through some of these mechanisms medicines operate, and in conformity with such principles hygienic surroundings are placed around the patient.

DR. C. W. SMITH, in closing the discussion, said: The first speaker has brought out the idea that "heat is not produced as much in the nerves as by the muscular tissues."

It was not the object of the paper to state that heat is produced in the nerves more than in any other part, but that they are important regulators of temperature.

It has been suggested by another gentleman that the paper revives an old theory of nerve force being a fluid "always going to the right place and never jumping off anywhere;" that "there is as much difference between nerve force and electricity as there is between a nerve and a copper wire," etc.

I do not see that there is any danger of nerve currents jumping off anywhere, since the nerves appear to be insulated.

It was not claimed that nerve force and electricity are identical, but that they are similar, inasmuch as nerve force will do certain things which may be done by electricity, such as contracting muscular tissue, assisting in the production of heat, etc.

This gentleman has stated that he believes "the impulse originates in the cell from which the impression starts."

I do not see how a force capable of throwing a muscle into violent

contraction can originate in a single microscopic cell. The intention of the paper, in that respect, was to bring out the idea that nerve force is generated throughout the body as a result of general vital processes, and that the nervous system is a circulatory system for this force.

The grey matter of the brain is composed of the most part of multipolar cells, each cell being connected with the periphery of the body by an axis cylinder leading off from one of its poles, and connected with other cells by axis cylinders uniting other parts.

A message received through the ear passes to the brain and thence from cell to cell, and is finally replied to over certain lines leading to the tongue. Such currents seem to be very well directed, and the idea has presented itself that the brain may be compared to a switch-board or central telephone station, wherein the currents of force are directed upon the lines required for use.

NORTHERN ALUMNI ASSOCIATION OF THE UNIVERSITY OF PENNSYLVANIA.

This society was organized about a year ago, and numbers thirty members. The meetings are more social than literary. The present officers are as follows: President, Benjamin L. Millikin, M. D., '79 (Cleveland); first vice-president, Carl A. Hamann, M. D., '91 (Cleveland); second vice-president, Thos. Hubbard, M. D., '85 (Toledo); third vice-president, J. V. Cleaver, M. D., '87 (Akron); fourth vice-president, J. F. Marchand, M. D., '87 (Canton); recording secretary, F. C. Cook, D. D. S., '92 (Cleveland); corresponding secretary, O. T. Thomas, M. D., '92 (Cleveland); treasurer, Geo. F. Woodbury, D. D. S., '91 (Cleveland).

In the city of Cleveland there are ten graduates of the University of Pennsylvania, of whom Dr. H. K. Cushing, of the class of '51, is the oldest.

BUTLER COUNTY MEDICAL SOCIETY.

Gentlemen:—In pursuance of your request, I give below the names of the officers of the Butler County Medical society: President, Dr. Jno. Francis, Hamilton, O.; vice-president, Dr. Mark Millikin, Hamilton, O.; treasurer, Dr. F. M. Fitton, Hamilton, O.; secretary, Dr. H. H. Carter, Hamilton, O.; censors, Dr. T. A. Dickey, Middletown, O.; Dr. Cyrus Falconer, Hamilton, O.; Dr. Geo. C. Skinner, Hamilton, O.

We have under consideration the proposition of changing our meetings from the first Wednesday, 2:30 P. M., of every month to every Monday evening from 8 to 10 P. M. I will notify you if the change is made, and give any other information that you may need.

Respectfully yours,

F. M. BARDEN.

COUNTY MEDICAL SOCIETIES.

COUNTY.	PLACE AND TIME OF MEETING.	SECRETARY.
Adams	West Union, e. o. m.	J. W. Bunn, West Union.
Allen	Lima, 1st Tuesday	H. C. Bennett, Lima.
Ashland	Ashland	R. C. Kinnaman, Ashland.
Ashtabula	Jefferson	W. O. Ellsworth, Austinburg.
Athens	Athens	
Auglaize	Wapakoneta.	
Belmont	St. Clairsville	A. H. Hewitson, St. Clairsville.
Brown	Georgetown	L. Markley, Georgetown.
Butler	Hamilton, 1st Wednesday	H. H. Carter, Hamilton.
Carroll	Carrollton.	
Champaign	Urbana	H. M. Pierce, Urbana.
Clark	Springfield	W. A. Smith, Springfield.
Clermont	Batavia	A. W. Ashberm, Batavia.
Clinton	Wilmington.	
Columbiana	New Lisbon.	
Coshocton	Coshocton.	
Crawford	Bucyrus	A. M. Duncan, Bucyrus.
Cuyahoga	Cleveland, 1st Thursday ..	F. K. Smith, 733 Prospect St.
Darke	Greenville.	
Defiance	Defiance.	
Delaware	Delaware.	
Erie	Sandusky, 2d Thursday ..	C. E. Perkins, Sandusky.
Fairfield	Lancaster.	
Fayette	Washington C. H.	E. M. Boggess, Washington, Ch.
Franklin Acad.		
Med	Columbus	J. C. Graham, Columbus.
Fulton	Wauseon.	
Gallia	Gallipolis.	
Geauga	Chardon	A. D. Warner, Burton.
Greene	Xenia	C. M. Galloway, Xenia.
Guernsey	Cambridge.	
Hamilton Acad.		
Med	Cincinnati, weekly	David DeBeck, 9th and Race St.
Hancock	Findlay, 1st Thursday	J. P. Baker, Findlay.
Hardin	Kenton.	
Harrison	Cadiz.	
Henry	Napoleon.	
Highland	Hillsboro, April 12.	L. Nelson, Hillsboro.
Hocking	Logan.	
Holmes	Millersburgh.	D. S. Olmstead, Millersburg.
Huron	Norwalk.	
Jackson	Jackson.	
Jefferson Eastern		
Ohio	Steubenville, April 10.	J. C. M. Floyd, Steubenville.
Knox	Mt. Vernon.	
Lake	Painesville.	
Lawrence	Ironton.	
Licking	Newark.	
Logan	Bellefontaine	W. D. Scarff, P., Bellefontaine
Lorain	Elyria.	
Lucas	Toledo.	Otto Landman, Toledo.
Madison	London.	
Mahoning	Youngstown, 2d Mon. ev'g	R. E. Whelan, Youngstown.

COUNTY.	PLACE AND TIME OF MEETING.	SECRETARY.
Marion.....	Marion.....	D. O. Weeks, Marion.
Medina.....	Medina.....	
Meigs.....	Pomeroy.....	W. E. Ard, Pomeroy.
Mercer.....	Celina.....	
Miami.....	Troy.....	
Monroe.....	Woodsfield.....	
Montgomery.....	Dayton.....	Robt. Stin, Dayton.
Morgan.....	McConnellsville.....	
Morrow.....	Mt. Gilead.....	R. C. Spear, Mt. Gilead.
Muskingum.....	Zanesville.....	
Noble.....	Caldwell.....	
Ottawa.....	Port Clinton.....	
Paulding.....	Paulding.....	
Perry.....	New Lexington.....	
Pickaway.....	Circleville.....	
Pike.....	Waverly, 2nd Monday....	A. E. Bumgarner, Piketon.
Portage.....	Ravenna.....	G. J. Waggoner, Ravenna.
Preble.....	Eaton.....	
Putnam.....	Ottawa.....	
Richland.....	Mansfield.....	B. F. Harding, Mansfield.
Ross.....	Chillicothe.....	
Sandusky.....	Fremont.....	
Scioto.....	Portsmouth.....	M. S. Pixley, Portsmouth.
Seneca.....	Tiffin.....	
Shelby.....	Sidney, 1st Thursday....	B. M. Sharp, Sidney.
Stark.....	Canton.....	
Summit.....	Akron.....	J. H. Seiler, Akron.
Trumbull.....	Warren.....	Julien Harmon, Warren.
Tuscarawas.....	New Philadelphia.....	J. A. McCullom, Uhrichsville.
Union.....	Marysville.....	
Van Wert.....	Van Wert.....	
Vinton.....	McArthur.....	
Warren.....	Lebanon.....	B. H. Blair, Lebanon.
Washington.....	Marietta, quarterly.....	F. E. McKim, Marietta.
Wayne.....	Wooster.....	J. E. Barrett, Wooster.
Williams.....	Bryan.....	
Wood.....	Bowling Green.....	
Wyandot.....	Upper Sandusky.....	

ERIE COUNTY MEDICAL SOCIETY.

The next annual meeting for the election of officers will be held at the Sloane House, Sandusky, on Thursday, April 11, at 1:30 P. M.

The president, Dr. Chas. Graeffe, will give his retiring address. Dr. F. M. Cook will read a paper on "The Puerperal Woman and the Young Practitioner." A case of uremia will be reported by Dr. C. L. Kreider, and the secretary, Dr. C. E. Perkins, will read a paper on "Malarial Hæmaturia."

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

DR. REUBEN ALESHIRE VANCE.

Dr. Vance died at his home, No. 298 Prospect street, Monday morning, March 19, 1894. He had been confined to his room since an attack of gripe last November; about the holidays he had hemorrhage from the stomach, lasting four or five days. The immediate cause of his death was cerebral hemorrhage.

The death of Dr. R. A. Vance removes from the circle of Cleveland physicians in many respects one of the greatest figures it possessed. Apart from his skill as a surgeon and his immense medical knowledge, he was a man of extraordinary attainments. A lover of books, he acquired the most costly as well as the most curious private library in the city; a man of public spirit, he became

interested in every project for the city's advancement. His command of language was amazing and he had the gift of oratory in a remarkable degree. He loved to speak in public, and the extent and variety of his information was such that, no matter what the theme, he embellished it with apt quotation, illustration and the rich treasures of his mind. He could weave a bewildering garland of words about the most prosaic subject. In conversation he was brilliant. It would be difficult to find a more fascinating talker. His thoughts were always rich; his expressions always perfect. Words came unhesitatingly, in an unbroken stream. One became interested at once and then charmed at the excellence of his diction. The grasp of his memory was astonishing.

Not only has the medical profession lost an ornament, but the community has lost one of its most distinguished members.

Dr. Vance was born at Gallipolis, O., Aug. 18, 1845. He was the son of Alexander and Eliza Shepard Vance. He received his early education at Gallia Academy in his native town. In 1861 he entered the United States service as a private in the Fourth Virginia Infantry, serving through the war and re-enlisting as a veteran in 1864. He began the study of medicine after the war, in the University of Michigan and in Bellevue Hospital Medical college, New York. In 1867 he graduated and was then appointed house surgeon of Bellevue Hospital.

At the expiration of his term of service he was appointed attending surgeon for the outdoor department of Bellevue, filling other positions at that institution. In 1873 he went to Europe to complete his medical education, and upon his return in 1875 he married Miss Annie Cooper, daughter of Dr. James Cooper of New York.

Owing to ill health, Dr. Vance gave up his practice in New York city, and in 1876 he commenced practice in his native town—Gallipolis, Ohio. Three years later he removed to Cincinnati, and for two years was lecturer on pathological anatomy in the Cincinnati College of Medicine and Surgery in that city. In 1881 he came to Cleveland to accept the chair of Surgery and Clinical Surgery in the Medical Department of the University of Wooster. Two years later he resigned. In 1884 he, in connection

with several other well-known Cleveland physicians, organized the Cleveland Poly-clinic and Post-graduate school. A large clinic was secured, but as the project was ten years before the times were ripe for such an institution in Cleveland, not enough students were secured to make the institution a success. Some time before his death he gave considerable attention to looking toward the revival of this project. Almost since its first inception, Dr. Vance had been prominently identified with St. Alexis hospital, and at the time of his death was president of the hospital staff.

Dr. Vance's ancestors on his father's side were of old Virginia stock, United States Senator Vance of North Carolina being of the same family. On his mother's side his ancestors were Puritans, the Shepards, many of them, being eminent Presbyterian divines.

As a child, Dr. Vance exhibited many of those traits which were characteristic of him in adult life. At nine years of age he became an expert compositor in his father's printing office. At this time he suffered from a painful affliction of the arm as the result of handling the type, consequently was refused admission to the composing room. Anyone who has known Dr. Vance during recent years, need not be told that one of the characteristics was the absence of fear. When a mere boy of sixteen he enlisted in the army, and his brother, Col. John L. Vance, in whose regiment he was, relates several instances of his bravery while in the service. At one time, while holding a difficult position, the ammunition became almost exhausted; volunteers were called for, when young Vance mounted a horse before his brother could stop him, and set off on the dangerous mission. He returned with the ammunition with the crown of his hat shot off and his coat full of holes. Another illustration of his bravery was during the yellow fever epidemic at Galipolis while he was practicing there, where he contracted the fever and barely escaped with his life.

Dr. Vance was eminently qualified for a medical teacher. Owing to the inauspicious circumstances with which he was surrounded during his first years in Cleveland, he was prevented from doing so; but what was the medical students' loss was probably more than gained by the practitioners who had the pleasure of listening to his

papers and having him participate in the discussions at local, district and state medical societies.

At a joint meeting of the Cuyahoga County and the Cleveland Medical societies, the following resolutions were unanimously adopted:

"WHEREAS, death has removed from our number Dr. Reuben A. Vance,

"Resolved, That by his death the medical profession of Cleveland has lost one of its most eminent and useful members, and the medical societies one of their most active and earnest workers in promoting the scientific interests and progress of the profession.

"Resolved, That we extend to the bereaved family and friends our most heartfelt sympathy in this, their hour of affliction.

"Resolved, That a copy of these resolutions be given to the bereaved family, spread upon the minutes of each society and also given to the daily papers for publication."

At a meeting of the staff of St. Alexis hospital the following resolutions were adopted:

"WHEREAS, It has pleased an All-wise Providence to remove from our midst our esteemed president, Dr. Reuben A. Vance,

"Resolved, That by his death we have suffered the loss of an invaluable co-laborer, a surgeon of great skill and judgment, a most devoted and enthusiastic worker for the interests of the hospital, and a beloved friend.

"Resolved, That we extend our condolence to the members of his family so suddenly bereaved, and

"Resolved, That a copy of these resolutions be spread upon our minutes and forwarded to the daily papers for publication.

"Resolved, That the staff attend the funeral in a body."

The following tribute to the memory of Dr. Vance has been adopted by the Rowfant Club:

"Having heard with sorrow and regret of the death of our fellow member, Reuben Aleshire Vance, on Monday, March 19, we are met together to express in a feeble way our deep sense of loss and our respect for his memory. A ripe scholar, a diligent student of literature, a fond lover of books, and deeply interested in the welfare of his fellowman, he combined in a rare degree those qualities which drew him to this club early in its history and made him a valued and distinguished member. Salient among the features of his essentially virile character was the passion for truth which marks a scientific mind, and with philosophic composure he has departed to its complete revelation.

"As death invades the quiet precincts of our club for the first time, we are reminded that no duty which fell to his lot was left

unobserved, and that the life of the club was dear to his heart to his last day. Though his candle remains at our shrine never to be lighted again, his memory will ever continue with us a bright and shining flame.

"It is ordered that this memorial be placed in the permanent records of the club, and that the assembly room be appropriately draped in mourning for a period of thirty days."

The doctor's library and all of his estate he bequeathed to the mother of his deceased wife, Mrs. Martha Cooper.

Dr. Vance left three children, Edwin Cooper Vance, Clarence A. Vance and Henrietta C. Vance, who are living with their grandmother at No. 298 Prospect street. Mrs. Cooper expects to continue her residence in Cleveland.

Dr. Vance's library consists of about five thousand volumes, and is the most valuable private library in the city.

The funeral was held at the family residence. The services were conducted by Mgr. Thorpe. After a selection by a mixed choir stationed in the upper part of the house, he delivered a discourse touching upon the life of the deceased, in part as follows: "What shall I say of him whose remains lie before us? Shall I speak of him as a man—as a man of public life, of private life; shall I speak of him as a professional man, an honest, honorable man? He was among the first in his profession, having equals, but few superiors. I do not exaggerate when I say God created in him a genius seldom vouchsafed to man. He was a leader among men. He was genial, dignified, mild and firm. He was loved and esteemed. He was versed on almost every subject. He was ever a humble man. Never was there a man who boasted less. His death is a public loss. He was a true and faithful friend. He was needed in public life and by those who clung to him with ties of blood. I believe no man has died with a stronger faith in God than he. His piety and reserve of character were supreme. Coming in this blessed week, I cannot but believe God had some special design in his death."

When Mgr. Thorpe had concluded, the friends were permitted to view the remains. The burial was private, interment being at Lake View cemetery. The pallbearers were Dr. C. C. Arms, Dr. John Perrier, Dr. A. G. Hart, Dr. Henry Kitchen, Mr. Percy

Rice, Mr. Charles Clark, Mr. S. S. Henderson and Mr. L. A. Russell.

We are indebted to Dr. T. H. Bailey of New York city for the following *resume* of Dr. Vance's career while in that city :

Dr. Vance was appointed an interne in Bellevue Hospital, on the third surgical division, April 1, 1867, and passed consecutively through the grades of junior assistant, senior assistant and house surgeon. He served eighteen months, and received his diploma from the hospital October 1, 1868. He was graduated from Bellevue Hospital Medical college in 1867 ; was attending physician to the Central Dispensary, New York city, 1868-9 ; assistant to the chair of diseases of the mind and nervous system Bellevue Hospital Medical college, 1869-70 ; assistant physician New York State Hospital for Diseases of the Nervous System, 1870 ; attending physician of the Church of the Holy Trinity, 1868-70 ; Bellevue Hospital Dispensary, 1869-71 ; physician-in-chief New York Institute for Paralytics and Epileptics, 1871. He was editor of the Medical World, published in this city during his stay here. While in this city he was called upon to give expert testimony in a number of cases of importance, notably the celebrated McFarland case, in which his testimony is considered classical.

Dr. Vance was a voluminous contributor to current medical literature. The editors of the GAZETTE were much indebted to him for historical and other data. He was one of our most valued collaborators, especially in department on Book Reviews.

The following is a list of his most important papers, lectures and addresses that have been published :

"Remarks on Lithotomy." An outline of a series of lectures delivered before the class of 1880 of the Evansville Medical College, Feb. 11, 1880. Reprinted from the Indiana Medical Reporter.

"The Ophthalmic Appearance in Certain Cases of Epilepsy." Canada Medical and Surgical Journal, May 9, 1873.

"The Ophthalmoscope in the Treatment of Epilepsy." New York Medical Journal, Feb., 1871.

"Radical Cure of Certain Forms of Hernia, by a New Operation." Journal Am. Med. Ass'n, 1883.

"The Nature and Diagnosis of Certain Diseases of the Testicles—Spermatorrhœa." Published in Cincinnati, 1881.

"Trichina Spiralis." Inaugural address Ohio Valley Medi-

cal Society. Reprint from Cincinnati Lancet and Observer, Jan., 1877.

"Impotency." Paper published in Lancet and Clinic, October, 1881.

"Suturing of the Arteries." Ohio State Medical society, 1882.

"Inversion Human Bladder." Reprint from Ohio Medical Journal, Columbus, 1882.

"Cancer of the Intestinal Tract." Reprint from Ohio Medical Journal, April, 1883.

"Intestino-Vaginal Fistula." Ohio State Medical society, 1889.

"Vesico-Vaginal Fistula." Reprint from CLEVELAND MEDICAL GAZETTE, February, March and May, 1888.

"Injuries of the Hip and Absorption of the Neck of the Femur." Reprint from MEDICAL GAZETTE, April, 1890.

"Notes on Lithotomy." Reprint from St. Louis Medical and Surgical Journal, November, 1879.

"Excision of the Uterine Appendages." Virginia Medical Journal, 1884.

"Lithotomy in Boys." MEDICAL GAZETTE, December, 1885.

"The Treatment of Paralysis by Hypodermic Injections of Strychnia." Reprinted from the Journal of Psychological Medicine, April, 1870.

"Recent Contributions to Our Knowledge of Shakespeare." Ohio Educational Monthly, 1876.

"Excision of the Tongue for Cancer." Reprinted from The Weekly Medical Review, 1883.

"Writer's Cramp or Scrivener's Palsy." Reprinted from the Boston Medical and Surgical Journal, 1873.

"The Prevention of Abscesses in Hypodermic Medication." Reprinted from the Medical World, October, 1871.

"On Syphilitic Epilepsy." Reprinted from American Journal of Syphilography and Dermatology, July, 1871.

"Diseases of the Rectum." Reprinted from Cincinnati Lancet and Observer, February, 1877.

"The Radical Cure of Hip Joint Disease." Columbus Medical Journal, November, 1882.

"The Doctrine of the Pulse." Reprint Cincinnati Lancet and Observer, 1878.

"Clinical Examination of the Urine." The Medical World, 1871.

"The Ophthalmoscope as a Means of Diagnosis in Tubercular Meningitis." Reprint from Canada Medical and Surgical Journal, 1873.

"The Cure of Cataract by the Method of Absorption." Reprint Transactions Ohio State Medical Society, 1884.

"The Development of Myopia." Reprint Detroit Medical Journal, 1877.

TEN MINUTE ESSAYS IN MEDICAL CONVENTIONS.

The choice words of Lowell properly express our text: "A needful frugality, benignant alike to both the participants in human utterance, has limited the allowance of each speaker this evening to ten minutes. Cut in thicker slices, our little loaf of time would not suffice for all. This seems a meagre ration, but if we give to our life the Psalmist's measure of seventy years, and bear in mind the population of the globe, a little ciphering will show that no single man and brother is entitled to so large a share of attention as this. Moreover, *how few are the men in any generation who could not deliver the message with which their good or evil genius has charged them in less than a sixth part of an hour.*"

The annual season of medical conventions approaches. All over the land the doctors are burning midnight oil and draining cell upon cell of cortical grey matter in efforts to formulate and put into effective language impressions that are the result of experiences, and at the same time mould them in conformity with the teachings of "the authorities" and medical statistics. The undertaking is a most difficult one. Originality is too often lost in vague reverence for "the authorities." Individuality is swallowed up in the habit of following the conventional literary style of text-books. The supreme fault of the average medical essay is *verboosity*. The principal part of the paper is lost in an array of medical platitudes. The exhaustive style of treating a subject is too often merely exhausting.

A few pages (not more than ten minutes in length) in original but clear style (no man can write clearly in an assumed style) are heartily welcomed by an audience of busy, hard-thinking men; but a long-winded review of "the authorities" and tedious dilution of the real essence of the thought, as when, for instance, one case is made a basis for generalizations and conclusions which sound as though transferred verbatim from shelf literature, stigmatizes the writer a bore. There is some truth in the words of the cynical old gentleman, who, speaking of medical conventions, said to his colleague, "You bore me and I bore you." Professional reciprocity!

Clear thinking is the basis of clear writing. The heart warms toward the man who has something to say and says it briefly. The magnetic speaker is one who knows how to clothe his ideas, and when not to clothe them. What charm would there be in a statue of Apollo dressed even in the latest New York or Berlin style? Clean-cut, shapely, well-poised facts and opinions are at a high premium in medical conventions.

In medical conventions it is the special province of the president's address to give, in retrospect or prophecy, a broad generalization or review in a special line of thought. It is more or less an usurpation of this privilege accorded by usage for essayists on the general program to select subjects and treat them after this manner. The papers should, as a rule, stick closely to the pure scientific style. There will always be an abundance of the polemical element introduced in discussions, and the successful conversationalist must rise above the narrow horizon of self if he will lead a discussion successfully.

STATE REGULATION OF PROSTITUTION.

We have purposely refrained from commenting on Director of Police Pollner's plan of registration of prostitutes in this city. Now that he has resigned, and since the plan has been in force long enough, we can judge of some of its results. Instead of decreasing the number of street-walkers, as was hoped, there has been an increase. And those who have registered have exhibited a boldness never before witnessed in our city, probably due to the assurance of police protection. We

believe the tendency has been to increase the number, especially of young men, who otherwise might have led chaste lives. One of the most powerful incentives to chastity is a wholesome fear of venereal diseases. The weekly examinations, conducted by medical students and young physicians, at one dollar a head, has proved worse than useless. When the most expert physicians confess that they cannot tell positively from an ocular inspection whether the prostitute is suffering from a venereal disease, it is not to be supposed that these certificates possess any value. And even though free from disease at the time of the examination, the first visitor may be the means of communicating it to the next. It is true, as the editor of the Medical Record has said, "the medical profession can do good in a quiet, admonitory and telling manner."

It seems to us that the time is past when one standard of morality should be expected of women and another of men. The male prostitute should not be countenanced any more than the female. The medical profession ought to inculcate at every opportunity the fact that "chastity is possible and wholesome, in no way detrimental, but in every way promotive of health, long life and human happiness."

THE COMMENCEMENT EXERCISES AND ALUMNI ASSOCIATION OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF WOOSTER.

The commencement exercises of the Medical Department of the University of Wooster were held at Plymouth church, corner Prospect and Perry streets, March 21, 1894.

The platform was occupied by the dean, Dr. Marcus Rosenwasser; the orator of the occasion; Rev. J. W. Malcolm, of the First Congregational church, the Rev. Dr. Sylvester F. Scovel, president of the University, and the Rev. Dr. Levi Gilbert of the First Methodist Episcopal church.

The graduating class and the faculty occupied the front pews, and the audience filled completely the remainder of the auditorium. Excellent music was furnished by Dueger's orchestra, located in the organ loft. The Rev. Dr. Gilbert opened the exercises with prayer.

THE ADDRESS OF THE DEAN was next on the programme, and Dr. Rosenwasser presented an able paper on "The Fundamental Requisites for the Proper Management and the Elevation of American Medical Schools." [See page 247.]

The next speaker was Rev. Malcolm, who held his audience, lay and medical, from first to last with a thoughtful address upon "What We the People Think of the Medical Profession." No synopsis which we could give in the space at command would do justice to this discourse, which, while dealing earnestly with serious matters, by turns was grave and gay, philosophical and humorous. In his opening remarks he referred to the incipient *Æsculapians*, causing a laugh to ripple over the audience. His succeeding remarks, while dealing with serious subjects and being full of thought, were mainly couched in a humorous vein, and he kept the audience laughing nearly all the time he was speaking. He said, in referring to a certain class of practitioners: "Some of these old fogies are no better than the old ladies who set bones with boneset tea and cure rheumatism with a horse chestnut. What we want is such a doctor as Methusaleh's, who kept his patient until he was 900 years old, and then the old man was able to skip around like a boy and learn to ride a bicycle. Now, gentlemen, I know that there are more fools among the women than among the doctors, and more old fools than young fools among the men, but it isn't fools we want in the medical profession. We want men who are strong and broad and cultured, and who give us a feeling of safety and comfort when they enter a room where we are. The day has gone by for skepticism and lack of faith, and we, the people, think that our physician ought to have an abiding faith in the All-wise and All-powerful, the Ruler of the universe. And then, gentlemen, knowing that you are from an institution whose watchword is 'quality and not quantity' in every department, we will welcome you wherever you are. And if there is not enough for you to do wherever you may settle, then we will get sick on purpose to give you a job."

After a musical selection was rendered, the graduates were called forward to receive their diplomas. The members of the class were Messrs. Charles I. Anders, Theodore Breck, A. B. (treasurer), George W. Carroll, James M. Hill (vice-president), Paul H. Krebs,

Ph.G., Henry C. Luck, E. S. McIntosh, Robert B. Meek, Merton O. Phillips, Ph.B., Robert R. Vogt (president).

President Scovel's remarks on the presentation of the diplomas were very inspiring. He advised the young physicians ever to remain students in the broad sense of the word, to continue to study not only the general knowledge of the profession, but to cultivate the collateral sciences or some parallel line of study, as, for example, sanitary science, and also some favorite branch in which they might taste the joy of original research. He urged that unless a man is not content with being just as good as his neighbors in the profession, he will remain just as good and no better. And just as soon as a professional man looks more to the pecuniary reward than to the science of his profession, he is doomed. His closing remarks on the necessity of high ideals were most impressive. After music by the orchestra, the audience was dismissed with the benediction by Rev. Dr. Scovel.

Immediately after the close of the exercises in the church, a reception, followed by a banquet, was held at the Hollenden. Those present were the members of the faculty of the Medical Department of the University of Wooster, the members of the class of '94, the alumni of the institution, and a number of visiting medical men, together with the wives of the gentlemen. An elaborate menu was served, after which the following program of toasts was responded to: "The Press," Dr. D. B. Smith; "Our New Graduates," Dr. M. Stamm; "Our College and Faculty," Dr. Robert Reynolds Vogt; "The Doctor," Dr. W. A. Knowlton. Dr. A. R. Baker acted as toastmaster.

We regret that we cannot give all these toasts, as each seemed to excel the other, but must be content with the following, Dr. Stamm's reply to the toast, "Our New Graduates:":

"The subject which has been assigned to me confines my remarks principally to our graduating class. I need not tell you that this day marks an important epoch in your life, probably the most momentous since the hour when you took the first whiff of the 'free American air,' with a different sensation, however, this evening.

"Your daily relations with your alma mater have come to an end, the umbilicus has been cut, the placenta removed, you are no longer splashing about in her liquor amnii. I also trust that by this safe

delivery no hæmatocephalus has been the result on your part, and no trachelorrhaphy or episiorrhaphy will be required on the mother's side. After you have been kept on infant's diet, or predigested food, up to this time, you are now allowed to select your own bill of fare; but, according to common experience, nature provides already that for the next few years you will not suffer from a surfeit. Gentlemen, you are starting out to-day on life's long and weary journey, freed from your mother's apron string, guided simply by the knowledge which you have so far acquired and by the best wishes and counsels of your friends and teachers. Not having met with many disappointments in life, it is but natural that your heart should be full of hope and courage, and that one main object should influence your thoughts, and that is—success in your calling.

“This word, however, is so elastic that it may fit to almost any man's aspirations. To some it may, according to its modern applications, simply mean the accumulation of wealth and a Ferris wheel of social pleasures or popularity. If this is your aim and object of life, I would advise you to throw your science to the dogs, as it will only be a ballast to your undertakings and an annoying companion in your hours of meditation, or then carry only that modicum with you which the science and art of manufacturing ‘pepsin chewing gum’ calls for.

“There is another form of success, ephemeral though brilliant whilst it lasts; it opens with the sound of trumpets and with some pyrotechnic display. You may right from the start parade before the public as an all-healing and all-saving power, overflowing with the milk of human kindness—for revenue only. If you dose your conscience with a little soothing-syrup you may get so that you begin to look upon yourself as being rather respectable, or, should you have any doubts upon that score, the secular and even the religious press will gladly testify to your superiority over the regular profession—for revenue, of course—as your pockets will be well lined, since you live on the cream of human gullibility.

“There is another road to success, hard to travel, where your steps will not keep time to the sounds of a brass band. It is a weary, lonely road, not opening up vistas of material splendor; but if you make it the path of your duty, if you devote your whole heart and mind to it, you will receive the blessings and approbation of your patients, and when you depart from your field of labor you can listen to that pleasant echo of your inner voice telling you that your life has not been spent in vain, that you left this world better than when you first found it. I am happy to say that we have many such noble examples in our professional ranks, and if you try to emulate their large sympathy for mankind and human suffering, their rare tact, their scholarly bearing, their wealth of information, their diagnostic skill and manual dexterity, you cannot fail to bring sunshine into many desolate hearts and homes and erect yourself a monument as enduring as bronze or marble. If it was my desire to

become personal, I might point to some living illustrations in our midst, and especially to one man whom I expected to meet here this evening. I refer to our Nestor of Cleveland, or I might say, of Ohio surgery, a man whose life has truly been a success. He may have doubted this in some moments of his life, and especially so last year when the crown of his life's best efforts was wrested from his hands. But no matter what claims others may lay to it, his name will always be mentioned next to that of the donor, and should it even be erased from that edifice, it will still be a perpetual testimony to what that one man has done for medical science in northern Ohio.

"When I look over the bright faces and thoughtful brows of our new-fledged doctors to-night, I would not be surprised if one or more of their number, gifted with the Promethean spark, would some day enrich our science with new ideas and open up new paths for investigation; and I only wish and hope that, when they reach the Olympian height of serene repose, they may not disdainfully look down upon us poor terrestrial 'varmints.'"

Dr. Parker being called upon, responded in a happy vein. Rev. Malcolm and Rev. Dr. Scovel added to the enjoyment of the occasion by timely remarks, the latter alluding to the augmented strength of the faculty and the bright prospects of the Medical Department.

ALUMNI.

The annual meeting of the Alumni Association was held in the college amphitheatre, Wednesday, March 21, at 2 P. M. Dr. N. S. Everhard of Wadsworth, Ohio, presided. After the address of Dr. Everhard, the minutes of the previous meeting were read and adopted.

The treasurer made his annual report. The chair appointed Drs. Baker, Hough and Aldrich as the committee on nomination, and while they were preparing their report the Association was well entertained by the remarks of various members. Dr. Conn of Akron, Ohio, drew a vivid picture of the duties of the general practitioner. He was followed by Dr. Caldwell of Fremont, Ohio, who interested the Association by remarks on future medical education. Dr. Phillips gave the recent graduates some very wholesome advice, and urged them to remain students as long as they were in the profession. Dr. D. B. Smith indulged in reminiscences of college life. He referred briefly to the life and work of the older teachers in the university, Drs. Firestone, Metz, Miller and

Weed. Dr. Meek, a prominent member of the bar, spoke of the relation between the legal and the medical professions, and the proof of his confidence in the medical profession was the gratifying fact that his only son is a member of the recent graduating class. Drs. Parker and Rosenwasser outlined the policy of the college, giving a description of the proposed hospital, which will be ready for occupancy by the opening of the next session.

The announcement that a new college building will probably be erected the coming year was received with great applause by the Association.

The secretary at this juncture read numerous letters from the alumni, who, though not present in body, were with the Association in spirit. It was gratifying to receive so many letters from the old members of the Association, expressing their great interest in the progress of the college, and extending their best wishes for its future. The graduating class were unanimously elected to full membership. The following officers for the ensuing year were elected : President, Dr. L. S. Chadwick ; first vice-president, Dr. E. Conn ; second vice-president, Dr. C. J. Aldrich ; third vice-president, Dr. C. M. Shattuck ; fourth vice-president, Dr. C. Hintzelman ; fifth vice-president, Dr. Theo. Breck ; secretary, Dr. G. W. Crile ; treasurer, Dr. A. B. Howard.

The meeting was well attended, the amphitheatre being comfortably filled by enthusiastic members. The most gratifying feature was the interest and enthusiasm manifested in the alma mater and higher medical education.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN, including special chapters on essential surgical subjects ; diseases of the eye, ear, nose and throat ; diseases of the skin ; and on the diet, hygiene and general management of children. By American teachers. Edited by Louis Starr, M. D., Physician to the Children's Hospital and Consulting Pediatricist to the Maternity Hospital, Philadelphia ; late Clinical Professor of Diseases of Children in the University of Pennsylvania. Assisted by Thompson S. Westcott, M. D., Attending Physician to the Dispensary for Diseases of Children, Hospital of the University of Pennsylvania. For sale by subscription only. W. B. Saunders, Publisher, Philadelphia, 1894.

Probably about as satisfactory a review of this admirable text-book as any that could be made in a journal notice, would be to name the staff of contributors, then quote *verbatim* the table of contents and the preface, all of which speak volumes in themselves.

Prof. Starr's task in arranging the subject-matter for this treatise must have been laborious indeed, and the result achieved certainly entitles him to great praise. No previous work on the ills of childhood has afforded the satisfaction which we have derived in the perusal of the one before us. Turn where one will among its eleven hundred and ninety pages, the information derived is sure to be found set forth in the most clear and practical manner possible.

The sixty-two collaborators who have aided in producing this rich store-house of pediatric knowledge were chosen from the most important medical centres of the United States, and are gentlemen eminently fitted to portray the various diseases so fully treated of in the articles to which their names are affixed, giving to the work broadness and stamping it with a national, rather than a sectional, imprint. The book possesses freshness of tone throughout, and in every detail is thoroughly abreast with the advances constantly made in this branch of our profession. Besides a complete account of all the usual and unusual affections peculiar to juvenile life, concerning which the physician should be informed, we note with pleasure the introductory article by the editor on the "Clinical Investigation of Disease and the General Management of Children," includ-

ing feeding, bathing, clothing and sleep. The succeeding article on the "Chemistry of Milk and Artificial Foods," by Prof. Leeds, is well worth reading. A noteworthy feature of the book is the addition of chapters on diseases of the eye, ear, nose and throat, skin, vesical calculus, venereal diseases and allied disorders which so frequently confront the practitioner in his daily rounds among the sick. The operations of tracheotomy and intubation by Prof. Wharton are clearly explained both by text and well-chosen illustrations.

Numerous finely executed wood-cuts, half-tone and colored plates have been introduced wherever necessary, and the copious three-column index renders a reference to any subject an easy matter. The volume, although a royal octavo in size, is none too large to be readily handled.

Taking everything into consideration, this book is certain to fill a long-felt want, whether of the practitioner who must often read as he runs, or of the student, whose limited hours for study necessitate the dividing of his time between the many general and special subjects of medical science. A more commendable work in any department of medicine we do not recall, and feel confident that both editor and publisher will receive the thanks of the profession when its merits become known.

A TEXT-BOOK OF THE DISEASES OF WOMEN. By Henry J. Garrigues, A. M., M. D., Professor of Obstetrics in the New York Post-Graduate and Medical School and Hospital; Gynecologist to St. Mark's Hospital, New York; Gynecologist to the German Dispensary, New York, etc. Containing three hundred and ten engravings and colored plates. W. B. Saunders, Publisher, Philadelphia, 1894.

Although written chiefly from the stand-point of the student and general practitioner, the specialist could study the pages of this book with the certainty of obtaining much valuable information. We think the author has successfully accomplished that which he states in the preface he set out to do, viz.: to write a practical work and not to take up the time with theoretical discussions, the chief aim being to give just such information as would best enable the practitioner to diagnose and treat the various diseases peculiar to women. The book is written in a clear and entertaining manner, and is abundantly supplied with useful wood-cuts and colored plates.

We believe this treatise will find a large circle of readers, particularly among physicians located in country towns, who so often desire to manage their gynecological cases instead of sending them to cities for specialists to look after.

A MANUAL OF THERAPEUTICS. By A. A. Stevens, A. M., M. D., Lecturer on Terminology and Instructor in Physical Diagnosis in the University of Pennsylvania; Pathologist to St. Agnes' Hospital, etc. W. B. Saunders, Publisher, Philadelphia, 1894.

There is much useful information contained in this manual, which forms a fitting companion volume to the same author's book on Practice, published some months ago, and which was so well received by students and junior practitioners. The alphabetical arrangement of drugs here adopted we prefer to most of the complicated classifications contained in several modern works on the same subject. All the latest remedies of any value have received attention. The latter part of the book is devoted to applied therapeutics, and will prove useful to busy doctors, who want the latest views on the treatment of diseases described briefly but to the point.

HAND-BOOK OF INSANITY, for practitioners and students. By Dr. Theodore Kirchhoff, Physician to the Schleswig Insane Asylum and Privatdocent at the University of Kiel. Illustrated with eleven plates. New York: William Wood & Co., 1893.

Dr. Kirchhoff's "Hand-Book of Insanity" is a book containing three hundred and sixty pages, together with eleven plates, covering nearly a half page of descriptive matter before each plate. It is a neat and concise volume for students and busy practitioners. Its scope of usefulness is very wide, and bears the mark of care and untiring effort. It is only necessary to examine this modern treatise on insanity in order to see at once its excellence and real merit, either as a text-book for the student or guide for the general practitioner.

THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. A work of reference for medical practitioners. Twelfth year: 1894. Published by E. B. Treat, 5 Cooper Union, N. Y.; 199 Clark St., Chicago. Price, \$2.75.

There are forty contributors to this volume, and we think it better than any previous one. Great pains have been taken in the matter of illustrations, and in this respect the 1894 "Annual" far

surpasses its predecessors, containing, as it does, eight chromo-lithographs and twenty-one full page half-tone plates, besides numerous diagrams and illustrations printed with the text. The general arrangement of the material is the same as in previous issues. In short, the 1894 "Annual" shows marked improvement in every particular, and we have no doubt but it will be more than ever appreciated and prove "as great a help as ever to the busy practitioner."

NOTES AND COMMENTS.

John H. Rauch, M. D., was found dead in his bed on the morning of March 24th, at Lebanon, Penn.

Dr. L. S. Chadwick.—The many friends of Dr. Chadwick will extend to him their sympathy on the death of his wife, which occurred March 29, after a brief illness.

E. M. Hessler, the surgical instrument dealer, has removed from 59 Euclid Ave. to 54 Public Square. He will occupy three floors of the above block. This is a few doors from the old stand before he moved onto Euclid.

Dr. W. H. Humiston has been recommended to the board of trustees of the Medical Department of the University of Wooster, to fill a lectureship in the chair of gynecology.

Dr. W. A. Knowlton has been elected professor of principles and practice of medicine and clinical medicine in the Medical Department of the University of Wooster.

Dr. C. Sihler has resigned as professor of histology in the Medical Department of the Western Reserve University.

Prof. J. Gad expects to return to Berlin permanently at the close of the present school year.

Dr. J. F. Hobson has resigned his position in the Medical Department of the Western Reserve University, to accept the place of professor of minor surgery and casualty surgery in the Medical Department of Wooster University.

It seems that the medical profession in this city are not yet through swarming.

Cuyahoga County Medical Society.—At the annual meeting held April 6, Dr. H. J. Herrick was elected president, Dr. J. K. Smith secretary and Dr. L. S. Chadwick was re-elected treasurer.

William Pepper, M. D., LL. D., Provost of the University of Pennsylvania and Professor of the Theory and Practice of Medicine and of Clinical Medicine in that institution, will address the Cleveland Medical society, Friday evening, June 22; and will also on the following morning hold a clinic in one of the hospitals in the city, to which the profession generally will be invited.

OSCAR T. THOMAS, M. D., Sec'y.

The Ohio State Medical Society will hold its annual meeting at Zanesville, May 16, 17 and 18. The following papers have been promised for the programme:

Dr. W. D. Hamilton, Columbus—"A Cure of Cirroid Aneurism." Dr. F. D. Case, Ashtabula—"Middle Florida as a Winter Resort." Dr. F. C. Larimore, Mt. Vernon—"Radical Cure of Hernia." Dr. G. W. Morehouse, Sparta—"The Local Treatment of Cystitis." Dr. Gustave Zinke, Cincinnati, Ohio—"Obstetrical Operations Involving Mutilation and Death of the Fœtus." Prof. Hunter Robb (Johns Hopkins University)—"Practical Application of the Principles of Sterilization." Dr. S. L. McCurdy, Dennison—"Subluxation of the Knee, with Treatment." Dr. D. S. Kellicott, professor Zoology and Entomology Ohio State University—(a), "Certain Entozoa of the Dog and Sheep;" (b), "The University and Medical Education." Dr. T. C. Hoover, Columbus—"The Use of Plaster in Joint Diseases." Prof. Donald Maclean, Detroit—"The Treatment of Fractures in the Light of Advanced Histology and Pathology." Dr. E. M. Fitton, Hamilton—"Case of Myxoedema." Dr. W. J. Conklin, Dayton—"Splenectomy, with the Report of a Successful Case." Dr. C. A. L. Reed, Cincinnati—"Treatment of Uterine Fibroids." Dr. M. Stamm, Fremont—"Gastrostomy: A New Method." Dr. C. O. Probst, Columbus—"The Prevention of Consumption." Dr. F. E. Bunts, Cleveland—"Fractures of the External Condyle of the Humerus." Dr. Willis W. Hall, Springfield—"Subcutaneous Osteotomy, with Report of Cases: A New Osteotome." James L. Tracy, Toledo—"Grippe, in the Differential Diagnosis of Scarlet Fever, Measles and Rotheln." Erskine B. Fullerton, Columbus—"Is there a Better Remedy in Cholera?" Professor McMurrich, Cincinnati—"Fertilization of the Ovum and its Bearing on Heredity." Dr. Wm. C. Chapman, Toledo—"The Value of Recent Therapeutic Literature." Dr. J. A. Thompson, Cincinnati—"The Influence of Obstructive Diseases of the Upper Air Passages on the General Health." Dr. George M. Clouse, Columbus—"The Prevention of Pertussis." Dr. John P. Sawyer, Cleveland—"The Importance of Determining Reflex Irritation in the Treatment of Catarrhal Processes." Dr. R. Harvey Reed, Columbus—"Nephrectomy for Tuberculosis of the Kidney." Dr. D. N. Kinsman, Columbus—"Studies in Immunity and Treatment of a Specific Fever, *i. e.*, Hog Cholera." Dr. J. S. Haldeman,

Zanesville—"Diphtheria." Dr. J. C. Crossland, Zanesville—"Aneurism by Anastomosis." Dr. R. E. Chambers, Chandlerville—"Is Consumption Curable?" Dr. B. F. Templeton, Zanesville—"Sympathetic Ophthalmia." Dr. H. H. Spiers, Ravenna—"Infection in Tuberculosis." Dr. R. C. Longfellow, Cincinnati—"The Symptomatology of Hereditary Syphilis." Dr. C. J. Aldrich, Cleveland—"Syphilitic Spinal Paralysis." Dr. C. W. Tangeman, Cincinnati—"Diseases of the Cornea in Childhood." Dr. Wm. Estep, Loydsville—"Unjust Malpractice Suits—Causes and Remedy." Dr. Amelia J. Prive, Cincinnati—"Scarlatina." Dr. Samuel Hart, Marietta—"The Physician." Dr. Robert Peter, Canal Dover—"The Rationale of Systematic Elimination." Dr. Chas. P. King, Newark—"Cremation as a Means of Practical Sanitary Reform." Dr. S. C. Ayres, Cincinnati—"Headache and Its Relations to Optical and Muscular Defects of the Eyes." Dr. F. D. Brandenburg, Cleveland—"Hysterorrhaphy—The Cure for Retro-deviation of the Uterus."

It is in order for members desiring to open the discussion on certain of the above papers to communicate with the secretary.

Zanesville has four hotels within two squares of the place of holding the meeting.

On Thursday evening the society will be invited to attend the opera. "The Chimes of Normandie" will be given by the Arion Opera Club. The usual reduction of railroad fares will be secured.

Dr. E. C. BRUSH, Zanesville, O.,

Chairman Com. of Arrangements.

Dr. P. DANDRIDGE, Pres.,
148 Broadway, Cincinnati.

Dr. THOMAS HUBBARD, Sec'y,
205 Ontario St., Toledo, O.

Ohio State Medical Society Transactions.—The following letter will explain itself :

Wm. E. Wirt, M. D., Cleveland.

DEAR DOCTOR:—The Publishing Committee gave me only six hundred '93 Transactions. These were sent out by American Express in the order in which the dues were paid. Am sorry to say that I did not have enough to supply the demand. In fact, had collected from more members than there were books before I received the Transactions from the publishers. I notified the chairman of the Publishing Committee, Dr. J. C. Oliver, last August, that I would require at least one thousand.

Truly yours,

JAMES A. DUNCAN,

Treas. Ohio State Med. Soc.

Dr. Alexander Dunlap, of Springfield, Ohio, died at his home in that city on Friday, February 6, 1894, aged 76 years.

On the 17th of September, 1843, Dr. Dunlap removed an ovarian tumor weighing forty-five pounds—the first ovariectomy made west

of the Alleghany mountains subsequent to McDowell's operations. The patient died a few weeks later from some incurrent infection, and Dunlap was denounced by his contemporaries for having undertaken a brutal and useless operation. The local medical journals refused to publish a report of his case. He was refused admission to the local medical societies. He, however, outlived this denunciation and subsequently made over four hundred operations, and became president of the state society.

Dr. Dunlap was an all-around surgeon, performing many operations for stone. He also removed the under jaw, ligated the common carotid artery and removed the clavicle.

Ophthalmological Section of the Ohio State Medical Society.—At the meeting of the oculists of the state at Columbus to secure the law for the prevention of blindness, a committee was appointed to consider the advisability of establishing an ophthalmological section of that society. We hope this matter will receive serious consideration. It has been suggested that all the eye, ear and throat papers be put on the program of one session, either Friday morning or afternoon.

Are throat specialists preferable to regular family physicians for singers? Frank Herbert Tubbs, editor of the New York Vocalist, in answering this question, says: "The tendency of our times is toward specialties, and the medical profession has divided itself up into specialists. Perhaps all families know someone in whom they have confidence. It is always wise to apply to the family doctor if anything is wrong with the throat, and if he advises seeing a specialist, then do so. More often than not is it the case that the trouble arises from some general disorder rather than from any throat trouble. When that is so, the family doctor is to be preferred. Again, the family doctor knows more about specialists, as to which are good and which are not, than laymen do. Specialists are expensive and also they are very liable to "ride hobbies." Experience shows when they work in connection with another physician (the family doctor) they work better.

Sensible Homœopaths.—At a late organization of Erie County Hospital staff in Buffalo, the Homœopathic fraternity held a meeting and demanded representation on that staff as Homœopaths. It resulted in a conference between a select committee of six of that school and a committee of six physicians. The latter had evidently no objection to any physician of capability being on the staff, but they did not desire forty grain doses of chloral hydrate being given nor any other like medicine, whilst the administrator abused others who gave like doses as murdering and drugging Allopaths. The result was that the six gentlemen desiring the appointment all signed the following sensible paper and are now rationally acting physicians: "We, the undersigned, ask for appointment upon the staff of the

proposed Erie County Hospital as physicians, not representing any so-called school of medicine, Allopathic, Homœopathic or Eclectic. We deplore the existence of schools in medicine, believing that the public interests are best served by the abolishing of such. If appointed, we agree to serve as physicians irrespective of school, and shall use every effort to work in harmony for the success of the hospital.—Nehemiah Osborne, Dewitt G. Wilcox, George T. Moselev, Burt J. Maycock, F. Parke Lewis, Louis A. Bull." The details of the deal soon leaked out and the other Homœopaths were very angry. Several meetings were held with the intention of disciplining the six physicians, who, it was alleged, "sold out." Much bitterness was engendered, and the affair led to acrimonious words at the last meeting of the Erie County Homœopathic society. Leading Homœopaths, like Drs. Curtiss, Martin, Cook, Hussey and many others, did not approve of the arrangement in any respect. They took the position that in signing such an agreement the Homœopathic six handed down their colors in the face of the enemy. However, there does not seem to be much of a fight in it, for a majority of the six were elected to office in the society last Thursday at the annual election. The six who secured appointments on the county hospital staff say they have not given up their Homœopathy in the slightest degree, and are practicing it at that institution. All they did give up, they claim, was the name of being Homœopathists. No sensible man of medicine quarrels over the fact whether medicines act homœopathically, allopathically, hydropathically, hypnotically or diabolically, or whether a case of diarrhœa that can be cured by epsom salts or castor oil should be cured by opium or by nitrate of silver. The medical gentlemen now attending the Erie County Hospital can now go on unshackled, and need not be under the necessity of supplementing a forty or fifty grain dose of chloral with one drop of the thirtieth dilution of coffea as an adjuvant.—*Ed. Nat. Pop. Review.*

We congratulate our Homœopathic brethren for the good sense shown in the above transaction, and we felicitate the Times that it has spent so much time and hard work in bringing about such a state of affairs, and we certainly welcome these gentlemen to our coterie. It is certainly a great satisfaction to the Times to know that such excellent and esteemed colleagues "deplore the existence of schools in medicine," and we sincerely hope these gentlemen will lend us a hand in behalf of medical unity. Let us drop all sectarian names—which is all we have ever suggested—and each one go on with his work as he will, using larger or smaller doses according to individual experiences, selecting upon any theory or no theory, as seems most agreeable, with toleration and charity towards all, adopting and living up to that simple maxim, "*In Certis Unitas, In Dubiis Libertas, In Omnibus Charitas.*"—*Medical Times.*



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ORIGINAL ARTICLES.

HYPNOTISM.*

BY MILTON J. PARKE, B. S., M. D., CLEVELAND, O.,

Visiting Physician and Surgeon, St. John's Hospital.

From the earliest ages it has been known that certain nervous conditions could be produced, in which the mind and body of an individual were supposed to be influenced by some mysterious force emanating from another person.

Among the Chaldeans, Babylonians, Persians, Greeks and Romans the priesthood were familiar with this power and guarded its secrets jealously, encouraging the belief that the phenomena were supernatural, thereby increasing their influence.

We have numerous records of the wonderful magic of the ancient Egyptians, and of their priests throwing people into deep sleeps in the temples, during which the sleeper had prophetic dreams; while many of the marvelous feats of Hindoo jugglers can only be explained on the ground that their apparent acts are merely delusions suggested to the minds of their witnesses.

Either from a love of the marvelous, the cure of disease, or for personal gain, it is natural that the apparent power of influencing the mind and body of others should attract attention. Hence, we

*Read before the Cleveland Medical Society.

find that whilst a few have investigated these phenomena in a truly scientific spirit, more have done so as quacks and charlatans, thereby throwing discredit on a department of physiology of the greatest interest. More recently, however, physicians of recognized ability have set about investigating the subject in such a manner as to bring it into the domain of exact science, and to dispel the idea that the phenomena are due either to any occult force or supernatural agency.

Various terms, such as animal magnetism, electrobiology, odic force, etc., each representing a theory, have been used to designate this condition ; while the term mesmerism was given in honor of Frederick Mesmer, one of its earliest investigators.

Mesmer, though an educated physician, was a mystic, and excited the indignation of the medical faculty of Paris, who denounced him as a shallow empiric and impostor. Still he made many converts, but eventually fell into disrepute.

Numerous disciples of Mesmer attracted considerable attention, but it was not until James Braid, a surgeon of Manchester, began, in 1841, the study of the claims of mesmerism, in his own words, as a "complete sceptic," that the gem of truth was separated from the mysticism with which the greater number of his predecessors had surrounded it. He soon discovered that he could produce "a peculiar condition of the nervous system, induced by a fixed and abstracted attention of the mental and visual eye on one object, not of an exciting nature." To this condition he gave the name of neuro-hypnotism ; neuro was finally suppressed for the sake of brevity, and the term hypnotism came into general use. It is now unnecessary to insist either upon the reality of the hypnotic state or upon its commonness.

A few years ago it was regarded as a pathological curiosity even by those who acknowledged its existence, but the researches of a score of scientific investigators have established, not only the fact that hypnotism exists, but also that it is a condition to which the vast majority of mankind are susceptible.

In France there are two schools of hypnotism. The followers of Charcot believe it to be a pathological condition and hysteria, and in hysterical subjects only ; while the school at Nancy contends that it is a condition of induced sleep, in which the brain is highly and peculiarly receptive of impressions from the outer world.

The stimuli which give rise to dreams originate, as a rule, within the brain of the sleeper; they are spontaneous. Let us now suppose that the stimuli come from the outer world, instead of from the brain of the sleeper, and we have precisely what happens in hypnotism. Among the processes employed to produce hypnotism, that used by Braid is the one easiest to apply and most certain in operation. It consists in holding in front of the patient a small, shining object, as a crystal, the bulb of a clinical thermometer or an ophthalmoscope, and getting him to gaze upon it, without letting his attention be diverted. Recently an instrument has been invented, which consists of a shaft on which, revolving in opposite directions by clock-work, are two bars set with small mirrors. The object must be held five to ten inches distant from the eyes and a little above the usual plane of vision, so as to strain the eyes and eyelids. Soon the eyelids begin to wink, then the winking becomes more and more rapid; later they tend to droop, and finally they fall. The subject can still lift them, but with an effort; after a little while even that effort becomes impossible and has no result. Then comes a sleep more or less profound, according to the person or the experience of the subject with the process, for sleep comes more quickly if the subject has frequently been hypnotized.

Charcot recognized three states as the effects of hypnotism—lethargy, catalepsy and somnambulism. The first, or stage of lethargy, is characterized by insusceptibility to suggestion, deep and quickened respirations, increased tendon reflexes, trembling eyelids usually closed, and complete insensibility of the skin and mucous surfaces.

Catalepsy may be excited by opening the eyes of a patient in lethargy, a strong light or an unexpected noise, and is characterized by feeble respiration, open, staring eyes and immobility. The limbs remain in any position in which they are placed, while muscular reflex action is absent and vision and hearing are partially impaired. Blowing upon the face, ovarian pressure or a sharp command will cause the subject to return to a normal condition; or lethargy may be induced by closure of the eyelids, which will be unilateral if but one eye is closed.

Somnambulism may be spontaneous, or be produced from either the lethargic or cataleptic states by friction of the hand on the cra-

nium. In this condition the subject's mental faculties are highly sharpened, but he acts automatically with a certain degree of intelligence under the will of the operator, and when awakened has no recollection of his actions. These stages often merge into each other and are frequently atypical. Much has been written on the physiology of hypnotism, but to enter into detail is beyond the scope of this paper.

There are many conflicting theories, and it is quite certain there is much chaff with the wheat, but we should bear in mind that the exact sciences have always been engendered from the study of the most absurd ideas, for was not magic the mother of physics, and is not chemistry the daughter of alchemy?

It is certain, however, that just in proportion as our knowledge of the functions of the brain and spinal cord increases, are we able to give a rational explanation of the hypnotic state. Of mind we know nothing beyond its phenomena, therefore it is impossible to explain one of its disorders thoroughly.

Until more is known of mind, we must rest satisfied with the explanation that hypnotism is a disease of the mind.

The leading magazines for years have contained long articles on hypnotism written by enthusiastic experimenters, while the daily press, always ready to satisfy a curious public, publish sensational articles on the same subject. The result is a wide-spread and exaggerated belief on the part of the laity. At private entertainments hypnotic experiments are attempted, frequently with the most complete success, while people flock to public exhibitions given by some so-called "professor," whose subjects are, as a rule, either hysterical or below the average in intelligence or physical stamina.

A few weeks of these exhibitions often render such subjects unfit for subsequent employment requiring application or reasoning power. As a rule, the insane are not susceptible, but several cases of mild religious mania and hystero-epilepsy are reported as having been aggravated.

It is the duty of physicians to point out the dangers of permitting ignorant and unskilled persons acting as hypnotizers, for such a power in the hands of an unscrupulous person might be even more terrible than the power to deprive life.

The physician should instruct people that no one with a reasonably healthy mind can be hypnotized against his will, regardless of the many assertions to the contrary. No one should ever consent to being hypnotized without witnesses, by a suspicious individual in circumstances favorable to the perpetration of crime ; while it is hardly necessary to warn physicians never to hypnotize a woman, nor, as a rule, a very young person, except in the presence of a responsible guardian or friend.

It is asserted that as a somnambulist will obey implicitly the commands of the operator, he may in some instances execute these commands after an interval of several days or even months, believing his actions to be spontaneous. Whether this is true or not it is becoming the defense of criminals.

Most of the countries of Europe have passed laws prohibiting any but physicians from practicing hypnotism and forbidding all public exhibitions. That it is only a question of time before we will have similar laws is certain, for the use of this subtle power can no longer be looked upon as an innocent parlor amusement incapable of doing harm. The story of Ilma Szandor, which Dr. von Krafft-Ebing has given at length in a small volume, is one of the most striking warnings on record against the abuse of hypnotic experiments.

And now as to the uses of hypnotism to the physician : Extravagant writers assert that nearly all functional and some organic diseases may be cured by its judicious use, but the majority of those physicians who advocate it regard it as having definite limits of usefulness, and advise it, not as a specialty, but as an auxiliary—an adjunct to the practice of every medical man.

While hypnotism has achieved its greatest successes in hysteria, it has been found remarkably effective in the alleviation of pain, even in cases of organic disease, and for the relief of insomnia and prostration from over-work of mind and body.

To the physician as a student of psychology, hypnotism offers a broad field of study. Through it much has already been learned, but the future promises even more brilliant results.

DISCUSSION OF DR. PARKE'S PAPER ON HYPNOTISM.

BY HENRY S. UPSON, M. D., CLEVELAND, OHIO.

Professor of Diseases of the Nervous System in the Medical School of the
Western Reserve University, Cleveland, Ohio.

Investigators of hypnotism may be divided into three groups—charlatans, physicians and philosophers. Possibly it would be more fair to say that hypnotism is pursued for financial, medical and psychic ends. Such a classification ought not to lead one to a pre-judgment of alleged facts. We find as a matter of history that, at a time when hypnotism was scouted by the profession and carried on largely if not solely for the amusement of the public, a great many facts were discovered which have since been amply verified. Every experiment or fact which is alleged should be judged by itself and criticised equally keenly whether it proceeds from an amateur or professional—from one financially interested in the subject or not.

It is hardly worth while to discuss the reality of the hypnotic sleep; observations on this point have multiplied, and come from so many independent observers that without supposing a universal conspiracy to deceive and be deceived, it is impossible to doubt them. The questions of interest are: First, the essential nature of the hypnotic state; second, what if any changes are induced in the subject by its means.

Of the theories of the hypnotic influence, the early idea of a mesmeric fluid passing from the operator to the subject may, I think, be left out of account. The like theory has been held of other forces—light, heat and electricity—and they have been conclusively proved to be modes of motion. This is also without doubt true of nerve force. The question narrows itself down to this: Is the nerve force of the operator projected to the subject something as a magnet influences iron, or is there, as is claimed by the Nancy school, only suggestion necessary? That is, does the subject simply receive the idea that he is going to sleep and become hypnotized accordingly, and when pain is cured, is it simply by inducing in the patient the idea that he suffers no pain? Here is a distinction which is important from the medical stand-point.

It is a well-known fact that many persons have the power of relieving headaches by stroking the head. Most of these persons complain of an after-feeling of fatigue, sometimes amounting to loss of power in the arms. This is usually taken to indicate that as nerve power is supplied to the subject, it is lost by the operator. Another explanation might be offered; there is probably here a double suggestion—one received by the subject, of the cure of the pain; another by the operator, usually himself a firm believer in the transmission of an actual force, of the loss of power due to the exertion which he has made. This view of the matter has been made probable by the fact that the later hypnotizers who are not believers in the fluid theory have no special feeling of exhaustion. They hypnotize their patients by word of command or by passes, or by causing them to look at revolving mirrors, and if the subject is a proper one, sleep follows without fatigue on the part of the operator. In this state verbal suggestion suffices to remove pain, not only during sleep but after it has terminated.

The fact that sleep may be induced by physical means (looking at bright objects, etc.) was discovered by Braid. Lie'bault and Bernheim, of the Nancy school, have used suggestion pure and simple, telling the patient to sleep, affirming that he is going to sleep, etc., and suggestions in sleep thus induced are perfectly effective, and even persist after the patient has been awakened. These suggestions may be negative, as that a previously existing pain is cured, or that the limb is anæsthetic, or they may be positive, as that the patient shall see certain objects.

We have thus marked out the difference between the mesmeric and the hypnotic theory—the one of a specific influence, the other of simple suggestion. The suggestion theory may be regarded as distinctly proved. The question then arises, Is this all, or is there another cause at work to explain the cases which are obviously incompatible with this theory; that is, in addition to hypnotism, is there such a thing as mesmerism? If unusually sensitive subjects are really hypnotized at a distance from the operator and without knowledge on the part of the subject that the attempt is to be made, suggestion is inadequate to explain the facts. It is just on this point that investigators are divided, and the upholders of the mes-

meric as opposed to the hypnotic theory are accumulating facts and multiplying experiments bearing upon this point.

Time will only permit of a few instances to show the line in which experiments have been and are being made.

Esdaile, one of the early operators, was an English surgeon in good standing, who had under his control a large hospital in India, and his extensive experiments were made on Hindoos, who as a race are all of them very susceptible to hypnotism, as well as adepts in the art of hypnotizing. Esdaile says (*Psychical Society Reports for 1885*): "I had been looking for a blind man upon whom to test the imagination theory, and one at last presented himself. I placed him on a stool without saying a word to him and entranced him in ten minutes without touching him. This man became so susceptible that by making him the object of my attention I could entrance him in whatever occupation he was engaged, and at any distance within the hospital enclosure. My first attempt to influence the blind man was made by gazing at him silently over a wall, while he was eating his solitary dinner, at a distance of twenty yards. He gradually ceased to eat, and in a quarter of an hour was perfectly entranced and cataleptic. This was repeated at most untimely hours when he could not possibly know of my being in his neighborhood, and always with like result."

Somewhat as Mesmer and De Puysegur mesmerized trees, books and other inanimate objects which then had the power of inducing sleep and curing disease, Esdaile administered mesmerized water, and thought he excluded the possibility of suggestion in the results obtained. He says in part: "The mesmerized water was medicated with tincture of rhubarb, tincture of cardamoms, aromatic spirits of ammonia, etc., and given to the patients at their usual time of taking physic, so that it was impossible to excite suspicion or expectation of anything unusual in them. The result was that a very large proportion of susceptible subjects were so perfectly entranced upon the first occasion that they might have been operated upon without pain, and their unhealthy sores were frequently burned with undiluted nitric acid without their feeling it, when sleeping from the effects of the mesmerized water.

"What more effectual precautions could be taken by those who

deny any external influence, I cannot in my simplicity imagine."

The amount of patience possessed by some of these investigators is remarkable. An instance of this is furnished by a series of experiments reported by Prof. Chas. Richet, on a very sensitive subject named Le'onie (Psych. Soc. Reports, '89-'90). These consisted in hypnotizing the subject and requiring her to name a card enclosed in an opaque sealed envelope. The card was unknown alike to the subject and to the operator, and was drawn at random from ten complete packs mixed together. Sixty-five experiments were made, and a *seance* of three to five hours was necessary before a card was decided on. Out of sixty-five, the antecedent probability was that she would guess one or two right. As a matter of fact, she named the right card in twelve instances. Such a result is not conclusive, but certainly justifies further experiment.

Without multiplying such testimony, which might be adduced indefinitely, it is certainly a matter of difficulty to sift evidence in any particular case and determine its truth or falsity. The amount of evidence necessary to establish a fact depends, as is pointed out by Prof. James of Harvard, on whether it accords with other known facts. "Evidence judged quite insufficient," as he says, "to back a claim, so long as the church had an interest in making it, appears to be quite sufficient for modern scientific enlightenment the moment it appears that the reputed saint can thereby be classed as a case of hystero-epilepsy." It is much the same thing with the foregoing instances. It is more of a tax on our credulity to believe in Esdaile's mesmerized water than in a direct transmission of nerve force between two people, even at a distance. Telepathy, or the influencing of a subject at a distance, is, if true, a good deal like electrical induction, and is, for instance, no more wonderful than Edison's mode of telegraphing from a moving railway train.

Hypnotism is not a healing power without an analogue in nature. The influence of the imagination on bodily states has been utilized by ancients and moderns in an unending variety of ways; the Perkins tractors, the infinitesimal dose of high potency, Christian science and many of the applications of electricity are comparatively recent instances. The appeal to the imagination is, in suitable cases and unaccompanied by misrepresentations, effective and desirable.

If, as seems to be the case, hypnotism puts the subject into the most favorable condition for the transmission of impressions to the vital organs, from the mind either of the patient or the physician, it is worth more than a cursory trial and examination. Let us not at least put ourselves in the mental attitude of the eminent English surgeon who says: "If each patient were to testify to the truth of his statement I should still remain incredulous; I know human-kind too well to be deceived;" or of that other one who said: "The strong blasts from the terrible one which have swept over my soul as I have read, seen and heard related the various discussions which have been set forth by the disciples of mesmerism, have fully convinced me that it is an infernal system whose coming is after the working of Satan and closely allied to that terrific unpardonable sin, blasphemy against the Holy Ghost."

DISCUSSION OF DR. PARKE'S PAPER ON HYPNOTISM.

BY FRANCIS J. WING, MEMBER OF THE CLEVELAND BAR.

In the development of the science of law, as of the theories of medicine, a general rule must be derived from the most extended possible examination of all facts relating to the subject matter.

In the administration of justice, along the lines of established law, as in the practice of medicine according to approved theories, the facts of the individual case must be first found.

From the nature of the controversies which are frequently before the courts for adjustment, resort must, necessarily, be had to persons learned and experienced in different branches of science, that the tribunal may digest the evidence before it into fact. As, if the evidence introduced in a given case proved the fact of death and the previous administration to the person deceased of some powder, the additional evidence of some skilled physician would be required to establish or disprove the ultimate fact in issue, of death by poison.

And this necessity has been recognized for centuries. Among the decisions of the Roman courts is frequently found the expression, "*Propter auctoritatem doctissimi Hippocratis.*" The twenty-three wounds of Cæsar were examined according to the science of the day, and, as it was reported, one only was found to have been mortal in

its nature. The Emperor Adrian extended the time of legitimacy from ten to eleven months, as a result of the advice of physiologists. Early in the sixteenth century, by the Caroline Code made at Ratisbon, it was ordained that the opinion of medical men should be formally taken in every case, when death had been occasioned by violent means, such as child murder, poisoning, wounds, hanging, drowning, the procuring of abortion, and the like.

At the present day, in many cases, the learning and experience of physicians and surgeons is quite as important to the proper administration of the law as the presence of the lawyers engaged.

A question of psychic phenomena is before us to-night for discussion which is of vast interest to all classes of society. The investigation of these phenomena and the evolving therefrom of a rational theory, pertains more peculiarly to men of the medical profession. The character of your training, the experience which enables you readily to eliminate from the necessity of consideration many facts which to other minds would be confusing and misleading, seem to direct the responsibility of this study to your shoulders.

I appreciate highly the compliment paid me by your invitation to participate in this discussion, but must further tax your generous complaisance by asking you to pardon my temerity in accepting it.

In the outset, it behooves the investigator of any new theory to appreciate fully the effect upon all minds of the utilitarian age in which we live. Practical usefulness or commercial value is demanded to be shown before attention or belief will be yielded to any phenomena. The average business man takes for granted and as a matter of course the marvels of the telephone or of the electric motor, without knowledge of the causes which operate them, because their commercial value and usefulness have made them a part of his daily business life; but the same man would at once deny the fact of the psychic phenomena related by Chacot, Ochoronitz, Burnheim and others equally reliable, and would, perhaps, have little respect for one who placed reliance upon them. And this instinct, we may almost call it, affects to a certain extent all of us, and often leads us into the error of disbelieving altogether what is well vouched for, or of using in explanation assumptions that at other times we would reject. Some traveller from the Orient may relate a marvel-

lous story of the doings of a Hindoo juggler. His auditor will at once explain the strangeness of the event described by saying, "Oh, that was done by mesmerism ; you thought you saw what you have told, but you really did not." To the same person may be described the unusual phenomena of a hypnotic seance, the explanation will at once come, "Why, that was mere juggling and clever trickery."

In therapeutics there seems to have been developed a practical and useful field for hypnotism, which will result in more general and unprejudiced investigation. The word "supernatural" has been the very embodiment of hindrance in all researches of this character. The word and the idea should be rejected as meaningless. To paraphrase Pope, "Whatever is, is natural," and people should understand that the only investigation which can be made is to establish facts by experiment and to discover the law of nature by which they occur.

Until the medico-scientific world has made this investigation and has discovered this secret of nature, but little can be said upon the subject from the medico-legal stand-point, except by way of conjecture. Whatever may be the rational cause of the hypnotic state, it seems to be proven that it is one in which the will and senses of one person are controlled by another, even to the extent of producing in the mind operated upon, results, such as fictitious memory, which have never arrived through the senses.

The greatest recognized hindrance met with in this search for truth, not only in the courts but elsewhere, is a more or less prevalent disposition to not tell the truth and to ignore any obligation of truth telling, this disposition in most cases arising from malice, vanity, interest or fear. To the two last named causes are perhaps referable a large proportion of the false evidence adduced in any cause.

The natural weapon of defense of the weak against the strong is deception ; and self-interest, when not restrained by other considerations, will adopt any means convenient and adapted to its ends, and false evidence and concealment are naturally the readiest means by which to procure a wrong conclusion. This is observable throughout nature. The masterful lion finds it necessary to deceive, by his feline stealthiness of approach, only when he attempts to overcome the greater swiftness of the antelope. The chameleon finds its only

safety in being all things to all men. . The motherly woodcock, to protect her nest, will falsely announce a broken wing, and the consequent possibility of an easy capture, until she has tolled her dupe to a sufficient distance to make her home safe. Lying, like thieving, is one of the things rejected in the course of an evolution which has resulted in a stronger and braver manhood. Non-recognition of an obligation to tell the truth and to omit untruth is natural; regard for such obligation is acquired. None of us, perhaps, regard it as an obligation to tell the truth at all times and upon all occasions. I doubt if a man would be any more readily tolerated by the community, who went nude of all conventional deception or concealment, than if he should discard all clothing. He certainly would experience as much coldness of the social atmosphere in the one case as he would from the natural atmosphere in the other. This obligation to tell the truth and omit concealment, within certain limits, is a part of the social compact adopted as a means to accomplish the general well-being of the community.

To make the doings of the courts more sure, and to recall this obligation to the attention of the heedless, the pains and penalties of perjury are enacted. In the practice of the law, methods have been devised for eliminating untruth, one of the most efficacious of which, although much abused, is called cross-examination. It often recalls to the recollection of an honest witness things which he had forgotten, and develops the inconsistency with itself, and with all truth, of the evidence of a dishonest witness.

There are cases where untruthfulness seems to be congenital and habitual. In such cases witnesses are permitted to be called to testify in regard to the reputation for truth and veracity of the witness attempted to be impeached. It has come to be a rule that the testimony of interested parties should have less weight than that of those disinterested. A child not sufficiently matured intellectually to understand the obligation of truth-telling is not permitted to testify. A person diseased or deficient in mind, so that he does not recognize his relations to society, and has irrational conceptions of things and persons and their relations to each other, is not received as a witness.

If, in the investigation of the phenomena of hypnotism, it is dis-

covered that certain distinguishable classes of persons are especially liable to fall into this peculiar state of irresponsibility and delusion, it should be added to the list of those upon whose statements it is unsafe to rely in a search for facts, and appropriate tests should be devised and applied to that end. By the theory that hypnotism is the result upon a peculiarly susceptible mind working through the imagination, it would be deducible that those persons whose judgments are weak are those most susceptible to the influence. Burnheim describes this class (p. 180) as "instinctive imbeciles, who are not fools, who commit no unreasonable acts spontaneously, and who have no monomaniacal impulses." He says of them: "They are mentally-clear imbeciles; they talk well, reason correctly, are sensible, and sometimes brilliant in conversation; they can use *finesse* and intelligence in accomplishing projects they have conceived; but the instinctive, sentimental part of the moral being which directs the every-day acts is as if atrophied. They have no moral spontaneity; they do not know how to behave, and, like somnambulists, from a psychical point of view, obey all suggestions, submitting readily to all outside influences."

Now, while this description perhaps fits many people we have known, it may also fit us in the estimation of these very people, and there might be great practical difficulty in enforcing the distinction in any of the affairs of life.

There must be a general and exhaustive study of this most interesting field of experiment and thought under favorable conditions, with a result that its boundaries and dimensions are ascertained with certainty and agreed upon, before there can be deduced practical rules which may be used in selecting the sources from which it is safe to receive testimony.

But another relation of hypnotism to the administration of justice is its possible effect upon the status of persons charged with crime. In sociology a crime is an act prohibited by agreement of the community. Crimes are distinguished, in the language of the books, into those called *malum prohibitum* and those called *malum per se*. Certain acts are said to be in themselves evil because their perpetration shocks our instinctive or acquired notions of right; others are designated as prohibited evils because, although innocent in them-

selves, it is thought to be expedient by the governing body to prevent them. This distinction, however, is of little importance in this discussion. The fact remains that an act becomes a crime when a law is passed prohibiting it, and a penalty is provided for its commission.

The only rational purpose of penal laws is to protect society against what is found to be harmful, and this is accomplished by ascertaining who has committed the prohibited act, and applying the punishment to him, with a view of removing him from further opportunity of doing injury, and also with a view of deterring others from the commission of similar acts.

Unintentional acts are not generally punishable, although prohibited ; first, since it cannot be logically assumed that a man is prone to repeat what he originally did without intention, there is no need of removing him ; and, second, because no forethought of results can be entertained with respect to an unintentional act, the punishment could not act as a deterrent.

It is somewhat illogical to measure the punishment by the result of the act, and not by the intention of the actor, but it is sometimes done. A man may shoot at another with the avowed purpose of killing ; if his aim is good and his hand steady, he commits murder and suffers death ; if, however, he lacks in marksmanship and fails in accomplishing his intent, he is punished, as for a less criminal act, by imprisonment only.

The apology, or perhaps reason, for this and other illogical provisions in criminal codes, is that they have been of gradual growth through succeeding generations, whose injected superstitions and errors have become more difficult of removal as later superstructures have been placed thereon.

Because intention is, in most instances, the test of crime, it suggests itself at once that one acting unconsciously by the will of another is not a criminal. One whose actions are guided and controlled by an unbalanced intellect is not held responsible as a malefactor. And a principal test of such a condition is the presence or absence of hallucinations. What is called in medico-legal books madness or moral insanity, and is sometimes distinguished from mania because of a supposed absence of hallucination, possibly has

its own peculiar obliquity of moral vision, by which are distorted the normal views of right and wrong.

If the hypnotic state is simply a result of a suggestion of its possibility, and when produced is a state of susceptibility to any suggestion made, it would seem that it must have furnished, and must still continue to furnish, constant interference, not only with the administration of justice but with the ascertainment of any truth from human testimony, the existence or non-existence of hypnotism included.

In the domain of natural physics one must have some solid foundation upon which to rest the fulcrum of his lever before he can produce any result. So in scientific or metaphysical reasoning and research, we must start with the ground-work of some certainty before we can hope to arrive at any safe conclusion. If we once adopt the assumption that for all time suggestion has been operating to produce delusion, we can find nothing in the records of the past or the appearances of the present which we can call certain or real.

When we read the description of the phenomena of hypnotism given by Burnheim, with a thorough belief in his conclusions, we must at once say : "These appearances may have been hallucinations occasioned by suggestion ; while Burnheim is perhaps honest, he may have seen all these things as a part of a delusive dream." The real and the unreal would be so indistinguishably jumbled together that all differences between fact and fancy would disappear. We can rest assured of this, however, if the theory is correct that hallucination is one of the normal conditions of the mind when suggestion is present, then it has always been in operation ; but we must acknowledge that the dream in which the inhabitants of the globe have been wandering has, to a certain extent, been a vivid and connected one.

It seems to me that, to be within any bounds of rational thought, we must assume, first, that the normal action of the sane mind is to perceive and become conscious of existing things through the senses acting normally ; that all hallucination is abnormal, and when occurring spontaneously, by accidental suggestion, is evidence of insanity ; that when produced at the will of another, it is the result of some natural force more or less intelligently directed by and connected

with that will force. That some physic force is produced in the brain which does not necessarily end with a consciousness of its own existence, does not seem unreasonable. Material food is as surely required to produce thought as combustion of fuel is to produce electricity. In every beefsteak there may be, potentially, latent a philosophical thesis or a mathematical calculation.

Mesmer may not have been so far wrong, after all, in conceiving that the phenomena of hypnotism were produced through a medium less material than ether, which could reproduce thought waves as ether conveys the waves which result in light or air, the vibrations which give us the sensation of sound. The kindred phenomena of thought transference can only be explained on some such hypothesis. While it appears from the experiments that after the hypnotic state is once induced, suggestion has much to do with the thoughts and actions of the subject; yet it seems to me that to argue that a state susceptible to suggestion is produced by suggestion, is reasoning in a circle, and, in effect, stating that the result produces the cause.

Burnheim draws some analogies from natural sleep; but the normal, natural, healthful sleep which is a state of rest adapted to recuperate both the mind and body is probably dreamless. The blood is largely withdrawn from the brain, and unconsciousness and a suspension of motor force and conscious sensation ensues. If some cause intervenes to disturb the circulation of the blood appropriate to this state of repose, this state becomes imperfect for the reason that some amount of blood, insufficient to fully induce action of the brain, is determined to that point, and the imagination, more easily stimulated, presents in a kaleidoscopic way innumerable pictures and scenes which, uncontrolled by the sterner qualities of the mind (which under normal conditions hold these visions within their rational limits), become endowed with seeming reality, and the sleeper is in a state of hallucination.

We know that these dreams have been induced by suggestion. The noise of a shutting door may suggest a cannon shot, and from this impetus the imagination, acting with utter disregard of time, place and laws of nature, and, in short, of all those restraints which are furnished by the higher reasoning powers of man, will complete a dream filled with years of thrilling incident before the echo of the suggesting noise has rebounded.

In the phenomena of the somnambulist the circulation, owing to the peculiarity of the sleeper, is somewhat more disturbed, so that the motor forces are brought into activity to follow the dictates of the suggested vision. But the condition of natural sleep which is susceptible to suggestion is produced, as we know, by causes other than suggestion. No argument, therefore, in support of the doctrine that the hypnotic state is produced by suggestion can be drawn from the phenomena of natural sleep and dreams resulting from suggestion. The phenomena of post suggestion is familiar to all as occurring in the ordinary sleep. A fixed wish entertained before going to sleep to awake at a certain hour is often fulfilled, but just at the waking point and within the limits of the suggested state.

The reasoning which attributes the phenomena of hypnotism to suggestion would perhaps warrant the conclusion that our daily actions are, to some extent, the results of suggestions received during sleep.

The experiments of Ochoronitz, in which, without in any way indicating his wish, but on the contrary carefully concealing his purpose, he influenced his patient to raise her hand, to arise and come to him, etc., by simply concentrating his thought and will; and those also narrated as having been accomplished by Mr. Jannet, in which somnambulism was produced and the subject brought from a distance of half a mile, cannot be accounted for on the hypothesis of suggestion. We must either disbelieve the reports of these and many similar experiments, or discard the notion that hypnotism is produced by suggestion merely. That the will and power of concentration of thought has much to do with the production of these phenomena must be admitted, if we can believe what is stated by experimenters.

Burnheim inadvertently appears to discard his own theory. Habitually, in describing his therapeutic experiments, he distinguishes between hypnotizing and suggesting. In writing (on page 257 of his "Suggestive Therapeutics") of one, C——, who came to consult him, he says : "We hypnotize him ; he goes into the third degree of sleep ; I suggest that he can open and shut his hand, etc." On page 252 : "October 9th.—I hypnotize him and he goes into the third degree of sleep ; I suggest the disappearance of the tremor

and rigidity." On page 283 : "I hypnotize her ; she goes into somnambulism ; I suggest that she shall be in good spirits ; she laughs and sings, and when she awakes feels very well." And so on in numerous other instances he writes of hypnotizing as something preliminary to suggesting.

In conclusion, we must admit that premature theories have done much to delay progress in science.

The contemporaneous condemnation of Mesmer as a charlatan, and unfairly attributing to him a theory that he emitted some fluid at will which had effect upon those with whom he came in contact, something after the manner of a polecat, had the effect to retard investigation of hypnotism many years.

So soon as hypnotism becomes generally recognized by your profession as an every-day fact, and is disconnected with the idea that it is charlatanry or mysticism, material progress will be made in ascertaining the laws which govern it ; and as to how it may be used beneficially in therapeutics, how it and its subjects may be recognized, and what safeguards should be provided by law to prevent any injury resulting to the public. Before that time little can be said accurately or intelligently from the medico-legal standpoint.

SOLILOQUY OF THE C. M. S.

BY J. B. M'GEE, M. D., CLEVELAND, OHIO.

To consult or not to ; that is the question :
Whether 'tis better by the Code to stand
And keep our Homœopathic rivals thus afar,
Or gently grasp them by the dexter digits,
And clasp them to our bosom.
To meet, to counsel, and perchance to differ.
Ay ! there's the rub ; can we then reconcile
With such delusion the teachings of our venerated school,
Accept the triturations and dilutions
Of divers potencies and varied range,
And step beyond our boundaries exclusive
To mingle with the throng of Hahnemann's sons ?

And yet a far Utopian future
May see such consummation.
And when this compromise has been evolved
We, each regardful of the other's province,
May for the patient's weal hold hybrid consultation.
Then 'mid the clash of knowledge so diverse,
(As each might strive to show his erudition
And test the strength of rival school,
Or, yield a mutual courteous condescension
If both of pliant nature chance to be,)
The wondering patient in perplexity,
Lost in the maze of big and little pills,
Seeing no hope 'twixt Scylla and Charybdis,
Would his quietus make, to 'scape them both.

CORRESPONDENCE.

ECHOES FROM THE MEDICAL CONGRESS AT ROME FROM MARCH 29 TO APRIL 5, 1894.

The Eleventh International Medical Congress is now over. The Goths and Gauls, with innumerable other hosts, have for the most part returned to their respective homes. This has been a very large meeting; it is estimated that eight thousand were in actual attendance. Then there were wives and cousins, not to mention aunts and friends, of the doctors, who took advantage of the reduced rates to see the wonders of the "Eternal City." During the past congress Italy has had things her own way. Germany sent a very large representation, but many of them found the attractions of the city itself too strong for them. The management has been severely criticised by English and American physicians, and not without reason. In many of the sections Italian was the only language used in giving official notices, and assistants, policemen, etc., naturally spoke nothing but the vernacular. This, considering the large representation from other countries, was not what might be expected from so cultivated a race. Again, in the entertainments no effort was made to see that foreigners were provided with the necessary tickets of admission. On the contrary, the tickets were usually all given out before one not familiar with Italian had found out where they were to be obtained. True, there is an amusing side to this, which my colleague, Dr. Lowman, has promised to fill in.

Of the actual scientific work done, it undoubtedly came up to the usual standard. In the section of skin and venereal diseases the discussions and character of the papers read were for the most part of a high order. The subject of "What Do We Mean by Lichen?" was opened by Dr. Brada of Padua, followed by Malcolm Morris of London, Kaposi of Vienna, and others. All maintained that the name had been loosely employed. They did not agree, however, on the question whether lichen planus of Wilson or the lichen ruber of Hebra should be regarded as the true type of the disease.

"The Gonococcus and Its Relation to Blenorrhagia" was opened by Neisser, the first to point out the micro-organism. It was generally agreed among those who took part in the discussion that the gonococcus was the *jous et origo* of the affection; and Neisser said that of the many cases he had treated, not in one instance had a wife become infected after repeated microscopical examination had failed to reveal the gonococcus. He did not think the "*tripper faden*," which is made so much of by German authorities, of any importance. He further said that if all men with floci in their urine were prevented from marrying, there would be ninety per cent. of bachelors in Germany.

"The Treatment of Syphilis" was opened by Schiff of Vienna, who advised the excision of the initial lesion as a prophylactic measure. This point was strongly contested by many present. Mercury injected under the skin, given by the stomach and rubbed into the skin were each advocated by enthusiastic supporters. This discussion was followed by several papers on the same subject. But time nor space will not permit giving even an imperfect *resume* of the work done in any of the sections.

The meeting adjourned to meet in Russia, the time and place to be settled by a committee appointed by the president. Upon the whole, the congress has been a success. Those who did not profit from a medical standpoint, were more than repaid for their trip in looking at the thousand and one objects, any one of which cannot fail to make the student a wiser if not a better man.

WILLIAM THOMAS CORLETT, M. D.

NEW YORK AND ITS ADVANTAGES FOR SPECIAL OR ADVANCED MEDICAL STUDY.

NEW YORK, April 21, 1894.

It is not my purpose to boom any particular medical school, but to show as clearly as possible the opportunities to be had here for advanced medical study, and to urge my fellow-practitioners to come to New York and test for themselves the truth of what I may say.

There are here two schools where only advanced and special courses are given—the New York Polyclinic and the Post-Graduate

School. These schools are situated about one mile apart and both were organized about ten years ago ; both have similar courses and the expenses at each are about the same. The question on arriving here is, Which school shall we attend? The Post-Graduate School is about ready to move to its new college building. In the new quarters will be hospital accommodations for over two hundred patients. Doubtless this will be the best equipped post-graduate school in this country. At present the Polyclinic has quite a poor building, the hospital in this building having only thirty beds ; but they have plenty of material that comes from the various clinics and dispensaries throughout the city. But here, as elsewhere, it is not the fine buildings which make a successful college, but the men who give instruction. It is very evident that the Post-Graduate School has the better equipment, and also as certain that the Polyclinic has the better instructors ; but no matter which school one select, he cannot but be pleased with the instruction given. Some students take out part of a ticket at each school, and we think this a very good plan, for it enables one to become acquainted with more of the professors. A visitor on arriving here is given a two days' complimentary ticket at each school, each one of which entitles him to attend free all the clinics and operations.

Space does not permit me to compare the instructors of one school with those of the other. It might be well to compare the leading men for the course in gynecology. The Polyclinic has as professors: P. F. Munde, H. Marion Sims, H. C. Coe, W. Gill Wylie and Florian Krug. The leading adjunct professors are : J. R. Goffe, G. W. Jarman and R. H. Wylie, brother of W. Gill Wylie.

At the other school the professors are : B. McE. Emmet, nephew of T. Addis Emmet, H. T. Hanks, J. R. Nilsen, H. J. Boldt, A. P. Dudley and G. M. Edebohls ; among the instructors, Ralph Waldo and C. J. Musgrave. In either one of these courses a practitioner can get all the instruction and experience he can digest. Material is abundant, and the students are asked to examine the patients and required to give verbally the result of their examination. All of these professors and instructors are connected with the different hospitals and clinics of the city and have every opportunity to collect valuable material. Hence the clinical advantages of New York cannot be overestimated, and they are increasing every year, and if not already they soon will be made, we may presume, as available to the practitioner as those of Berlin, Vienna or London.

We do not wish to undervalue the benefit to be derived from going abroad, but all cannot afford a trip across the ocean. No man should go abroad who is not fairly familiar with the advantages of New York, for it is certainly at present the centre of medical instruction on this continent.

The system of instruction in these schools is entirely different from that of under-graduate schools. No formal lectures are given,

text-books are not used. It is sought to make the patient the source of knowledge. The practitioner, through the instructor, is put in such a relation with the patient as to make the diagnosis and indicate the treatment to the teacher and at the same time receive his correction and guidance. Every practitioner must see many cases to become successful; no matter how well he knows his theories through books, he must have an opportunity to apply this knowledge. There are few practitioners in Cleveland who cannot well afford to spend at least a few weeks in study here. The inspiration one receives from being in contact with the eminent men here fills him with a high regard for his profession, and arouses his ambition for greater activity and usefulness. There are at present from Cleveland five physicians attending the Polyclinic: Drs. Borts, Carpenter, Kofron, H. B. Herrick and H. J. Herrick, Jr. This showing argues well for the medical activity in Cleveland.

H. B. HERRICK, M. D.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME. (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

HABIT.

Prof. J. H. Lowman, in giving a few words of parting to the graduating class of the Medical Department of the Western Reserve University, made some remarks on habit in professional life, deserving of a wider hearing. Among other things he said :

“Some one among these young men may catch, perhaps, the inspiration of the time and set the pace for his followers. But whatever you do you must do quickly. Try as we may to get away from it, habit is our master, and if you do not get the habit of right thinking and exact methods and industry early established, you will never have them, and without them you will accomplish nothing; you will simply live out a mediocre existence. It is very rare that these habits, essential to success, are acquired after one is twenty-five or thirty years of age. It is said ‘that the character has set like plaster by the age of thirty, and will never soften again.’

"Before the age of twenty, personal habits are fixed. Tricks of speech, enunciation, personal characteristics and family mannerisms are established so fixedly that they are never entirely unlearned.

"In the period between twenty and thirty, professional habits become fixed. The habit of work is at that time formed, and so I say you must look to it that you begin quickly or you will never begin, and simply go on doing what thousands of your colleagues-to-be are doing, which is eating their bread with no intellectual spice. My hope for you is that you may early catch the idea of doing what you do methodically and well.

"Now, I am not preaching, but talking on the physiology of nerves. One who must deliberate on every act of his life, from putting on his coat to keeping an appointment, will wear out his nerve energy in simply deliberating. If he passes his time, as many of us do, in considering what he will study especially, he will never work out anything thoroughly. You can make an ally of the nervous system, and when you do have that ally, the necessary preparations will almost complete themselves, and the nervous energy can be used on important things. The nervous system is often, too often, an antagonist, because it will work in grooves, and can be made to work in new grooves only with great effort. He who tries to revolutionize the ways that he naturally runs in, uses up his energy thereby and is always just getting ready for his work.

"We are afraid of habit because we know what a power it is. If we are wise we will rejoice in habit because it is a power.

"Young gentlemen, you have shown much good judgment during the past three years. I am sure you have the sense to know what good habits are, what right intellectual habits are. It remains to be seen if you have the sense to make them yours and thus associate with yourself a tremendous power. No scientific man ever succeeded without doing this.

"Now we, in this college, have been trying to help you do this very thing. We have been trying to start you in the right way; and the charm of a medical school is, that while one is forming himself, disciplining himself and watching his masters, he is at the same moment doing more; he is actually learning some fact that has a direct, immediate bearing on his entire subsequent career. He is acquiring something that he will use more or less often in his daily work, whence the enthusiasm of the medical student, whence his capacity for work. It is astonishing what one does automatically when he has been going on in one way for a long time. I apprehend that much of the preparation for writing that is done is helped on amazingly by a nervous system that has been well trained and automatically takes up a theme and follows it out.

"Some things are done almost unconsciously. Not long ago I saw an old German who had almost lost his wits through anemia of the brain, brought on by the narrowed arteries in arterio-sclerosis. He could not remember the names of his children or their ages.

He even did not know how many children he had, and he had not so many but Napoleon may have wished him to have had more had he been a Frenchman. He did not know when he was hungry and hardly knew how to eat. He talked very slowly indeed and erratically. I wanted to see him walk. He had been a soldier in the German army. I had him led across the room, stood against the wall, and when he had taken an erect position, I shouted 'marsch.' New light came at once to his face and he marched quickly, with a firm, military tread, across the room. Then he immediately lapsed into his former apathy. Everyone present remarked the circumstance. It was an astonishing instance of the persistence of long-since established habits.

"You can mould the nerve cells in which a higher and more potent energy lives, i. e., thought, in the same way as my poor German friend trained the cells that were the seat of lower kinds of movement. And in so far as the nervous system performs these necessary movements unconsciously, or almost unconsciously, thus far are you saved much of the wear and tear of thinking, and ready for more original impulses."

MEDICAL JOURNALS AND THEIR RELATION TO THE PROFESSION.

"I have no time to read medical journals," or, "I take more journals than I can read," are expressions, says the *Kansas City Medical Journal*, altogether too common among physicians all over the country. It is not by any means confined to those most busily occupied by professional duties; on the other hand, we find those physicians who have established reputations by their faithful, conscientious attention to business, and by their persistent, unrelenting labor of investigation, are the readers of medical journals. They never complain of having too much literature, but their journals are carefully laid away where at a moment's leisure they may be easily found. It is certainly no credit to any man's ability, and no guarantee of a successful or lucrative practice, to see a pile of medical journals upon his table with the wrappers still on them. It is almost an unfailing evidence of decline when a physician complains that he is too busy to keep posted. He won't be busy very long if such be the case.

There are times in every physician's history when his leisure moments from active practice are few and far between, but we are suf-

ficiently familiar with the profession to know that this is not a perpetual condition even with the busiest of our brethren. The members of the medical profession, who are renowned for their successful work, who do not limit their practice either by county or state lines, are many of them authors of voluminous works, contributors to numerous journals and systematic readers of scores of the same. What are we to say, then, of the man who has no time to read four or five journals? Simply this: He is either not in touch with the progressive spirit of the age; he completed his knowledge of medicine in the lecture room, and sees no necessity for further investigation; or he is too ignorant of the principles of the science which he pretends to practice to understand or appreciate the thoughts of labors of his more intelligent brothers.

It is not a waste of time to read even the poorest of the medical journals.

We receive each month more than one hundred and fifty journals which it is our business to examine. Some of these are placed high in the rank of medical journalism, others are suffering for lack of appreciation and support, but we often find as many practical suggestions and as many items of real value to the general practitioner among the latter class as in the former.

A man who reads to learn will find something he did not know before in almost any magazine or paper he takes up. We often get new ideas from re-reading a book we supposed we were perfectly familiar with. The human mind is incapable of storing up every item of interest it lights upon. It needs to be continually fed, and often by reading something apparently stale a forgotten idea is called to mind which may be of incalculable value; but journal items are generally new. It is there that the latest discoveries, the most recent investigations, are reported to the medical world.

Medical editors are especially shy of communications having an ancient odor, and it is much for this reason that readers of numerous medical journals are better posted on recent facts in medicine than their brothers who confine themselves to text-books.

These new things in medicine do not come from Germany, England, France, nor even New York. The physicians of the west are as much alive to the demands of the time and to the possibilities of

advancement as are our more favored metropolitan brothers. Western medical journals are, therefore, the mediums of communication from the east to the west, and also from the west to the east.

OHIO STATE MEDICAL SOCIETY.

The next annual meeting will be held at Zanesville, May 16, 17 and 18. The attendance promises to be the largest in the history of the society. Owing to the indefatigable work of the secretary, Dr. Hubbard, a most excellent program has been arranged, and the treasurer, Dr. Duncan, has succeeded in collecting enough of the delinquent dues to place the society on a firm financial basis.

A number of vital questions affecting the future welfare of the society will be considered, in the discussion of which it is hoped all personalities will be avoided and the best interests of the society only considered.

The secretary informs us that since publishing the program there have been so many papers offered that it is deemed expedient to divide the papers of Thursday forenoon into sections: Those pertaining to (1) practice of medicine and (2) surgery. The section of practice will include two papers on cholera, three on typhoid fever, one on pneumonia, two on syphilis, one on neuritis and one on acute and chronic diseases in general. The section on surgery will include fourteen papers and case reports. There are many equally valuable additions to the list for Wednesday afternoon and evening, and also for Friday. A program is to be issued for distribution at the meeting. Where any changes have been made in the order of the preliminary program, participants will be duly notified.

MEDICAL SOCIETY REPORTS.

CUYAHOGA COUNTY MEDICAL SOCIETY.

The annual meeting of the Cuyahoga County Medical society was held on April 5th. The election resulted in the selection of the following officers: President, Dr. H. J. Herrick; first vice-president, Dr. Jessie Boggs; second vice-president, Dr. C. J. Aldrich; secretary, Dr. F. K. Smith. The former treasurer, Dr. L. S. Chadwick, and board of censors, Drs. W. T. Corlett, C. J. Aldrich and J. P. Sawyer, were re-elected. Dr. J. D. Jones, as his own successor, and Dr. H. E. Handerson, vice Dr. Cushing, resigned, were elected trustees. Dr. H. K. Cushing, having resigned active membership, was elected an honorary member.

A communication from the office of the surgeon-general at Washington having been presented by Dr. D. P. Allen, of the committee on library, a memorial was adopted by resolution to be sent to our representatives in Congress, urging upon them the importance of properly maintaining the library of the surgeon-general's office and of restoring the appropriation for that purpose at least to its former amount, \$10,000. A committee, consisting of Drs. H. E. Handerson, M. Rosenwasser and H. W. Rogers, was appointed to confer with like committees from the other medical societies of the city, with a view to the establishment of a medical library.

The newly elected president, Dr. Herrick, taking the chair, the society listened to the annual address by the retiring president, Dr. A. R. Baker, on "The Relation of Local to State Medical Societies."

The constitutional amendments proposed at the preceding meeting to provide for the organization of sections for the consideration of special subjects, were adopted, and Drs. W. J. Scott, C. J. Aldrich and W. H. Humiston were appointed a committee to arrange for completing the formation of a medico-legal section.

Other committees were appointed as follows: Drs. G. W. Crile, G. C. Russell and J. P. Sawyer, to make selections of members to report on progress in the various branches of medicine for the year; Drs. D. P. Allen, H. E. Handerson and H. S. Upson as standing committee on library.

After listening to a paper by Dr. G. N. Watson, on "Diphtheria and Tonsillitis," the society adjourned.

The special meeting of the society, called for the purpose of organizing a medico-legal section, met on Thursday evening, April 26.

Dr. W. J. Scott, as chairman of the committee on that subject, after preliminary remarks setting forth the desirability of opportunities for the joint discussion of medico-legal subjects by lawyers and physicians and the benefits to be derived by the members of both professions, presented the report of the committee, embodying a constitution and by-laws for the proposed section.

The society then, sitting as the medico-legal section, proceeded to the consideration of the proposed constitution and by-laws, which, with some changes in minor points, were adopted.

The constitution provides for the consideration of subjects embraced by forensic medicine and medical police under the following heads:

1. Questions affecting the civil rights or social duties of the individual.
2. Injuries to property.
3. Injuries to person.
4. Circumstances affecting the health of the individual.
5. Circumstances affecting the health of the community.

Physicians and lawyers of good standing are eligible to membership, and, in addition to active members, there is provision for the election of honorary and corresponding members. Besides the regular executive officers, there will be a librarian, curator, chemist and microscopist, as it is desirable to preserve manuscripts, printed matter and specimens, anatomical or otherwise, acquired by the section, and to have special reports on pathological, chemical and microscopical questions coming before it for discussion.

The next meeting of the section will be held on Thursday evening, May 10, on which occasion Mr. C. M. Vorce will present a paper on the possibility of discriminating human blood from that of lower animals by the microscope, on which subject he is recognized as one of the highest authorities. Organization will be completed by the election of permanent officers and a large attendance is desired. Members of the society are members of the section; lawyers and other physicians are eligible to membership in the section and are cordially invited to attend.

F. K. SMITH, M. D., Sec'y.

THE CLEVELAND MEDICAL SOCIETY.

The meetings of April 13 and 27 were well attended, an average of one hundred and five at each meeting. Nine were elected to active and ten to non-resident membership. Dr. Howard A. Kelly, of Baltimore, was elected to honorary membership, and Dr. George Sternberg nominated to same.

The code of the American Medical association was adopted with a proviso reading: "Provided nothing in this code shall be construed to allow charges to be brought against an applicant or member for consulting with *legally qualified* practitioners of medicine." Carried by a vote of fifty-three to eighteen.

Dr. Jamin Strong was appointed to fill the vacancy on the building committee.

The report of council recommending the building committee to act as trustees of society accepted and adopted.

The secretary reported that the society was incorporated according to state requirements.

Dr. E. G. Carpenter's resignation as member of board of censors accepted and Dr. M. Rosenwasser elected to fill the vacancy.

The librarian read a letter from Dr. Young, of Philadelphia, inviting the society to buy the Gross library. Librarian instructed to secure catalogue and price of same.

The president and secretary were empowered to delegate any who wished to go to the American Medical association from the Cleveland Medical society.

O. T. THOMAS, Sec'y.

UNION DISTRICT MEDICAL ASSOCIATION.

The Union District Medical association met at Hamilton, Ohio, April 26, 1894. The following program was carried out:

"Puerperal Fever," by Dr. Garrett Pigman, Liberty, Indiana. Discussion opened by Dr. George Lummis, Middletown, O. "Perineorrhaphy," by Dr. T. A. Dickey of Middletown, O. Discussion opened by Dr. J. R. Weist, Richmond, Ind. "Three Cases of Scarlet Fever," by Dr. John Francis, Hamilton, O. Discussion opened by Dr. James McReady, Monroe, O. "Early Diagnosis of Cancer of the Uterus," by Dr. J. C. Sexton, Rushville, Ind. Discussion opened by Dr. C. A. L. Reed, Cincinnati, O. "Some Experiments on Uric Acid Excretion," by Dr. Mark Millikin, Hamilton, O. Discussion opened by Dr. G. F. Cook, Oxford, Ohio. Paper by Dr. L. D. Dillman, Connersville, Ind. "Head Injuries and Reports of Cases," by Dr. M. M. Jacobs, Hamilton, O. Discussion opened by Dr. S. V. Fitzpatrick, Cincinnati, Ohio. Volunteer papers.

DR. W. O'NEAL MENDENHALL, Pres., DR. MARK MILLIKIN, Sec.
Richmond, Indiana. Hamilton, Ohio.

Paper read by Dr. Garrett Pigman on "Puerperal Fever" and that of Dr. Mark Millikin on "Some Experiments on Uric Acid Excretion" were especially interesting and extensively discussed.

There were seventy members present.

Banquet was held at St. Charles Hotel from 1 to 2:30 P. M.

Place of next meeting, Rushville, Ind., Oct. 25, '94.

This meeting was an unusually lively one, owing to the large attendance and great interest shown by the members.

Resp'y,

F. M. BARDEN.

UNION MEDICAL ASSOCIATION.

The annual meeting of the Union Medical association was held at Salem, Ohio, on Thursday, May 3, 1894, with the following program:

Address by the newly elected president.

"Diphtheria," A. C. Yengling, M. D., Salem, O.; "Diagnosis and Surgical Treatment of Strangulated Hernia," C. B. Parker, M. D., Cleveland, Ohio; "Bacteria Found in the Female Genito-Urinary Passages," Carl W. F. Muenchehofe, M. D., Cleveland, O. J. B. Marquis, M. D., F. D. Brandenburg, M. D., and others read volunteer papers.

Dr. Muenchehofe kindly consented to bring his microscope and slides for inspection.

CENTRAL OHIO MEDICAL SOCIETY.

The Central Ohio Medical society held its regular monthly session Thursday, May 3, at 2 o'clock P. M., at Columbus, Ohio, in the Board of Trade Building. The following was the program:

Reports of cases. Paper—"Suprapubic Cystotomy," Dr. Chas. S. Hamilton. To discuss—Drs. Frank Warner, J. F. Baldwin, E. J. Wilson. Paper—"Post-nasal Adenoids in Children," Dr. F. L. Stillman. To discuss—Drs. H. T. Whittaker, J. E. Brown, H. P. Allen.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

THE PHYSICIAN'S WIFE. By Mrs. Ellen M. Firebaugh. Published by F. A. Davis & Co., Philadelphia, 1894.

Mrs. Ellen M. Firebaugh has written a chatty, familiar account of the duties and trials of a physician's wife, which must appeal to all the medical fraternity, and offer many suggestions to physicians' wives. The book has a very neat dedication, which reads: "Respectfully and affectionately inscribed to physicians' wives in general, and to that one in particular whose gracious pen has done so much for childhood, and through childhood, for all the world—Mrs. Frances Hodgson Burnett." The writer originally prepared the paper from which the book has grown to be read before the Esculapian Society of the Wabash Valley. The pamphlet was ordered printed and duly circulated, and the physician's wife was strongly urged to elaborate her experiences. The little volume relates specially to the wives of country doctors, who are, oftener than is generally thought, well-educated and well-equipped physicians. The doctor's failings in family life are touched upon with humor and

great good-nature. Many a doctor's wife and many a wife who is not a doctor's can learn many things that will smooth family life in a most pleasant manner from Mrs. Firebaugh. To have one's husband at the beck and call of everybody night and day is often most exasperating, but no one can help a man quicker to a position to choose his own patients than a good physician's wife.

PSYCHOPATHIA SEXUALIS, WITH ESPECIAL REFERENCE TO CONTRARY SEXUAL INSTINCT. A medico-legal study by Dr. R. von Krafft-Ebing. Translation of the seventh revised German edition by Charles Chaddock, M. D. Philadelphia: F. A. Davis & Co., 1893.

Very few who have not given the subject of the sexual life serious consideration fully appreciate the powerful influence it exerts over feeling, thought and conduct, both in the individual and in society.

The purpose of this work is a description of the pathological manifestations of sexual life and an attempt to refer them to their underlying conditions. The author addresses his work to earnest investigators in the domain of natural science and jurisprudence, and in order that unqualified persons should not become readers, a title understood only by the learned was chosen, and as much as possible he expresses himself in *terminis technicis*. Many of the most revolting portions are given in Latin.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S., Fellow of the Royal College of Surgeons; Lecturer on Anatomy at St. George's Hospital Medical College. The drawings are by H. V. Carter, M. D., late Demonstrator of Anatomy at St. George's Hospital. With additional drawings in later editions. A new American from the thirteenth English edition. Edited by T. Pickering Pick, Surgeon to and Lecturer on Surgery at St. George's Hospital; Senior Surgeon Victoria Hospital for Children; Member of the Court of Examiners, Royal College of Surgeons of England. Philadelphia: Lea Brothers & Co., 1893.

"Gray's Anatomy" is so familiar to every medical student and practitioner of medicine that any extended notice is superfluous. Many good works on anatomy have appeared during the past few years, each presenting valuable features not contained in the others; but we believe that teachers of anatomy are almost unanimous in recommending Gray as a standard work for the student. A book that contains all that is necessary and yet not so exhaustive as to be

beyond the capacity of the medical student in the allotted time given to the study of this subject in our present medical curriculum. The illustrations are conceded to be the best that have yet been given to the profession. The paper and binding are of such superior quality that a medical student may use it during his entire course of medical studies in the dissecting room and elsewhere, and still be in such a good state of preservation as to be a valuable work of reference in the doctor's library.

In short, "Gray's Anatomy" is the ideal text-book on this subject, and it is sufficient to say of the present edition that it is fully equal to the previous ones, with many valuable additions, and that it fully deserves the same unqualified commendation it has received in the past.

AMONG OUR EXCHANGES.

BY L. B. TUCKERMAN, M. D.

To those who have been in the habit of pinning their faith to the presence of the Klebs-Loeffler bacillus as diagnostic of *diphtheria*, the cases cited by DR. WALTER F. CHAPPELL, of New York City,¹ where pure cultures of typical Klebs-Loeffler bacilli were obtained from the throats of children who were inmates of the New York Orthopedic Hospital, and not suffering from sore throat, will be somewhat of a poser. With a view of settling the contagious or non-contagious character of *follicular tonsilitis*, DR. CHAPPELL examined the throats of forty-seven children who were inmates of the hospital, noting those whose tonsils were enlarged and whose throats looked unhealthy. From some of these throats DR. W. H. PARKS made cultures, and in two cases obtained pure cultures of typical Klebs-Loeffler bacilli in abundance, and in two others the bacilli were present, but few in number. One patient in whose throat abundant bacilli were found had been in the hospital eighteen months, suffering from knee and spinal disease. Her left tonsil was moderately enlarged, but healthy in appearance, and the pos-

1. Medical Record, April 14, '94.

terior wall of the pharynx was quite red. During her stay in the hospital she had had several attacks of indigestion, but no sore throat had been complained of, and at the time of the examination she was perfectly well. Another patient, being treated for club-foot, had been in the hospital fourteen months, and, with the exception of an acute attack of indigestion, had had no illness whatever subsequent to her admission. Her right tonsil was moderately enlarged, and Klebs-Loeffler bacilli were found in abundance. To render assurance doubly sure DR. CHAPPELL himself made cultures from these throats and submitted them to another bacteriologist, who was ignorant of the source of the specimens and of the previous report of DR. PARKS. He also pronounced the bacillus the Klebs-Loeffler. DR. PARKS subsequently made inoculations from his cultures and found them non-virulent. Commenting on these experiments DR. CHAPPELL concludes: "Until these cases were examined I supposed that Klebs-Loeffler bacilli found in a sore throat meant diphtheria, whether the clinical history and appearance supported that diagnosis or not. If we have to rely on inoculation for the final test as to the true character of the bacilli, the simple finding of the Klebs-Loeffler would not be available for reliable and rapid diagnosis, as non-virulent Klebs-Loeffler might be found in a person suffering from follicular tonsilitis. Does the inoculation of an animal with the Klebs-Loeffler bacillus producing virulent results necessarily prove that this bacillus is the cause of diphtheria in man? Might not the character of the bacilli be determined by the nature of the soil in which they grow? At present writing it seems there are three possibilities: 1. Clinical phenomena of diphtheria without Klebs-Loeffler bacilli; 2. Clinical phenomena of diphtheria with Klebs-Loeffler bacilli; 3. Klebs-Loeffler bacilli without any clinical phenomena of diphtheria." In discussing the treatment of *diphtheria* before the New York Medical society,² DR. A. JACOB entered a timely protest against local treatment through the mouth, which usually causes the child to struggle in resisting it. In more than one instance he had known these struggles to cause the death of the little patient, whose system had been overwhelmed and exhausted by the poison. He maintained, moreover, that any injury

2. Medical Record.

done the mucous membrane in attempts to apply caustics or other agents would start a new focus for diphtheritic deposit ; that gargles did little good except to keep the mouth clean, as they did not reach back farther than the pillars of the fauces ; that a mild dilution of tincture of chloride of iron, lime water, boracic acid, or bichloride of mercury, which latter he frequently used in the form of a 1 to 6,000 or 1 to 8,000 solution, given frequently in small doses, would come in contact with the membrane and act upon it ; that in disinfection of the nostrils, which was especially indicated, the nasal spray was of little value, but that fluid introduced with a spoon while the patient is in a recumbent posture will flow back into the posterior nares and thus come in contact with the pharynx ; that the child should not be taken out of bed lest it die of heart-failure. We wish to corroborate the statement of DR. JACOBI relating to local applications, such as swabbing the throat, pencilling the tonsils, and the like, in diphtheria. The struggles of the child do more harm than the heroic treatment of the membrane does good, and we have, therefore, refrained from such practice for years. Mercury, in the form of the bichloride, or, as we individually prefer, the biniodide, given frequently and in small doses will disinfect the fauces just as thoroughly, will cause the membrane to exfoliate just as quickly and with far less risk of doing harm to the patient. DR. W. T. S. CORNETT, of Madison, Ind.,³ while taking creosote for an attack of bronchitis, found himself relieved of a *paroxysmal rheumatic tachycardia* which had troubled him for many years. The tachycardia followed an attack of rheumatism, during which an endocarditis had developed, which remained chronic. The paroxysms occurred generally at night and at unexpected times. There would be a sense of heat, as of fever, and the pulse (normally seventy) would run up to one hundred and twenty or one hundred and thirty beats per minute, and then, after a few hours, the symptoms would subside. After he had used the creosote for about a week, not only was the cough and expectoration relieved, but, to his surprise and gratification, he found that the paroxysmal tachycardia had disappeared. Under the use of creosote three times per day, he has now been exempt from attack for more than seven months, with the

3. Medical News, March 3, 1894.

exception of a few slight returns when he had neglected his medicine. At his age, which is over eighty years, he does not expect a cure, but considers his exemption from attack cheaply purchased. He attributes the result in part to the tonic action of the creosote, and in part to its power to inhibit intestinal fermentation and to form with the toxic albuminoids resulting from bacilliary action, compounds which are readily eliminated by the emunctories. During the discussion of a paper on the physiological action of *cocaine*, read before the Cincinnati Academy of Medicine, ⁴DR. COMEGYS deprecated its use as a tonic. He said: "There is a phase in the internal use of this alluring intoxicant which has not been referred to by the essayist, nor by the speakers thus far—that is, its effects in relation to consciousness. I do not mean that affection which appertains to local anesthesia or analgesia, which is of so much value in minor surgery; but of consciousness as the basis of the higher functions of the intellect—the sensibilities and self-control. The coca wines are regarded by some as a valuable tonic in cases of neurasthenia, and cocaine itself is not infrequently prescribed internally under similar circumstances. Cocaine, in any of its forms, when taken, brings about agreeable sensations. Those who use it can lift themselves, as it were, out of states of extreme depression or even despair, but it will not be long before they will resort to it for any minor neuralgia or disturbed mental state; then they soon acquire the cocaine habit, in which the emotional state is so predominant, and where self-control is greatly, if not completely, impaired, and their lives of usefulness brought to an end. The excessive excitement of the brain lowers its organic tone, the will is not free, and they become subject to baleful illusions, hallucinations and delusions; dementia of a permanent character supervenes, and they become creatures of mere impulse. I have seen this dreadful form of a debased life brought about, and I think, as physicians, we should warn the people against the use of coca wines, or cocaine itself, as an invigorating remedy."

DR. WM. T. BELFIELD,⁵ of Chicago, maintains that the prostatic utricle, the rudimentary extremity of the foetal Muellerian ducts, plays an important part in the causation of prostatic disease, or

4. Lancet-Clinic, March 31, 1894.

rather, that many cases supposed to be prostatitis are in reality cases of *utriculitis*. Swelling and tension, and tenderness culminating between the seminal vesicles should lead one to suspect inflammation of the utricle. The results of his observations he summarizes as follows: "1. The rudimentary extremity of the Muellerian duct in the human male, commonly termed the prostatic utricle, is not wholly enclosed by the prostate, but is partly bordered by the pelvic connective tissue. 2. It presents two morbid conditions: *a*, distension with the products of its own glands; *b*, suppurative inflammation. The latter may infect the contiguous retro-vesicle connective tissue. 3. The almost complete enclosure of the utricle by the prostate results in a community of morbid processes and of clinical symptoms. 4. In cases of prostatic cystitis from any cause, prostatic and peri-prostatic abscess, the possibly important role of the utricle should be considered. 5. Because of the minute size and frequent occlusion of the urethral orifice of the utricle, the usual methods of medicating the deep urethra cannot be relied upon to influence a morbid process in the utricle itself. 6. The utricular cavity can be reached, aside from the possibilities of the endoscope, in three ways: *a*, through an aspirating needle passed from the perineum into the triangular space between the upper extremities of the lateral prostatic lobes; *b*, through a puncture with a narrow knife passed from perineum to bladder through the triangular space mentioned, with appropriate drainage. This can be readily added to the ordinary drainage of the bladder by perineal urethrotomy; *c*, by incision into the ischio-rectal fossa and separation of rectum from prostate. 7. Diseases of the utricle seem to have been erroneously attributed to the seminal vesicle." The question arises here whether it be not in the utricle rather than in the seminal vesicles that chronic gonorrhœa lurks, ready to break out at any adequate provocation, and defying curative measures.

5. Journal American Medical Association, April 21, 1894.

NOTES AND COMMENTS.

Dr. T. A. Burke has been appointed on the consulting staff of Charity hospital.

Dr. John Perrier has been elected lecturer on obstetrics in the Medical Department of the University of Wooster.

Dr. S. W. Kelley, one of the editors of the *GAZETTE*, is spending a few months in the hospitals abroad. At present he is in London.

Dr. S. D. Brooks, who has been stationed at Cleveland as marine hospital surgeon during the past four years, has been removed to Chicago.

Dr. C. E. Cotton, whose health has been impaired for some time, has gone West, to be gone for some months. He expects to visit Texas, Colorado, California, and several other states.

Dr. A. H. Marvin, recently returned from abroad, is located at 106 Euclid avenue, the Kendall building. Dr. Marvin intends to limit his practice to the ear, nose and throat, and has been appointed adjunct to this chair in the Medical Department of the University of Wooster.

At a recent meeting of the St. Alexis hospital staff, Dr. Geo. Leick was elected president and Dr. Geo. W. Crile was appointed on the visiting staff.

The Amick Consumption Cure.—We are very much surprised to note that a number of our exchanges are carrying the advertisement of the Amick Chemical Co., of Cincinnati.

Medical Staff of St. John's Hospital.—Chief of staff, Dr. T. A. Weed ; secretary, Dr. F. A. Stovering ; consulting physicians, Drs. T. A. Weed, W. J. Sheppard ; consulting surgeons, Drs. M. Rosenwasser, J. F. Hobson ; visiting physicians, Drs. J. A. Gilbert, M. J. Parke, W. J. O'Neill, F. J. Havlicek ; visiting surgeons, Drs. F. A. Stovering, R. Bell and N. Stone Scott ; ophthalmologist, Dr. J. J. Buel.

Coroner Arbuckle, says the *Cleveland Town Topics*, returned a verdict in a case of suicide this week as unique as it was untruthful. A woman having committed suicide by swallowing carbolic acid—a fact undubitably established by three reputable physicians, the coroner wisely concluded that she died of contraction of the respiratory organs, brought on by an overdose of carbolic acid. The word "suicide" jarred upon the coroner's delicate sensibilities.

After this, when a man hangs himself in the seclusion of his attic, the coroner may be expected to testify that he died of want of breath, and in the case of a man driving a bullet into his brain, the verdict may read "shock." Some day the county prosecutor will jump on the coroner with both feet, and then will be heard that famous dull thud so familiar to newspaper readers.

Rev. Driver, says the Rochester (Ind.) *Sentinel*, was obliged to pinch along for several years on a small pittance of a thousand or two thousand dollars a year as pastor at Fort Wayne and Columbia City. He allowed Hood's Sarsaparilla Co. to use his picture in advertising their medicine, and after a few insertions he was engaged at Marion at his own price. It pays to advertise.

A Deceitful Dutch Doctor.—The old cry that the Dutch have taken Holland, was repeated in Chicago a short time since, when a "Dr." Van Noppen began to receive Dutch diplomas in response to the following, which, according to the daily press, appeared in excellent Dutch in certain Holland papers :

"WANTED.—A physician who has graduated from a Holland medical college to locate in Pennsylvania, U. S. A. Free transportation will be furnished, free house and stable rent, and an income of five thousand dollars per annum guaranteed by the government. In answering please send your diploma. Mr. Zuidema, No. 190 Ferdinand street, Chicago, Ill., U. S. A."

The Netherlands consul, according to an interview published in the *Tribune* of the 17th, said :

"Yes, unfortunately, it is true. Thirty answers, in round numbers, have been received up to date, and more are coming every day. Only yesterday one physician sent a cablegram which must have cost at least twenty dollars. Most of these letters contain all the papers which give the sender a right to practice medicine, and in many instances they could not be replaced should they have been lost. I am returning them as rapidly as possible, with an explanation which will probably make them more careful about parting with these documents in the future."

This is one of the worst swindles that has been perpetrated for many a day. It is supposed that Van Noppen wished to sell the diplomas, but his exact purpose is as yet shrouded in mystery, as he has not been prosecuted. It is quite probable that if the aforesaid Van Noppen should be caught in Holland, he would be dropped over a dyke and drowned in a ditch.—*Jour. of Am. Med. Ass'n.*

The "Profits" of Medical Journals.—That excellent journal, The Medical Sentinel, of Portland, Oregon, says : "Dr. Emory Lanphear is congratulating himself that his Kansas City Medical Index is one of the few medical journals which has, during the past year, left a balance after paying ALL expenses. If Dr. Lanphear, for the force and energy which he has expended upon his journal,

and upon which depended solely the success of which he has reason to be proud, should receive a sum equal to what he would have to pay someone else for doing like work, it is not unlikely that the 'balance' would melt away like the occasional Christmas snow seen in Oregon. The fact is that a medical journal is like a private race track or a steam yacht, in one way, in that the owner does not make much money, but he may have a good deal of fun—or not." "Very true, Brother Coe, very true. But, since the question of profit has arisen, it may be of interest to some young men contemplating an editorial career, to state the facts. The Medical Index has paid its editor a salary of \$1200 a year for several years, has paid for a stenographer, and has paid all the printer's bills and other necessary expenses, and has had an occasional balance besides, which is rather remarkable for a journal only fifteen years old and published in the west. Most journals have a decided deficit at the end of each year and do not pay an editor's salary either." We hope friend Lanphear will not meet the fate of Ananias.

The American Medical Association will meet in San Francisco, June 5th, 1894.

The transcontinental railroads have made favorable rates, viz.: \$65.50 for round trip from all Missouri River points, which is one and one-twelfth fare. The Southern Pacific Company's rates from Portland, Ogden and El Paso, are one fare.

All tickets sold at these points carry five coupons of admittance to the Mid-Winter Fair.

The roads beyond Missouri River points are still charging about one and a half fares.

Cannot our brethren east of the Rocky Mountains yet induce the Central Traffic Associations and Trunk Lines to equalize these rates? Several agents, in response to our circulars asking for a single fare, replied favorably, but stated it required united action of the several associations.

An extensive itinerary for those who come from the northern and middle states is published in the journal of the association. In the April number of the Occidental Medical Times, Dr. Parkinson has published an extensive itinerary of excursions and entertainments in this state for members and their families during and after the meeting. Those who come from the southern states will probably come over the Santa Fe and Sunset routes. It will be well for them to come early and "do" the southern part of the state on the way up, and then depart via the Ogden or Shasta route. This will afford the greatest possible opportunity to note the varied resources of the Pacific coast, and the variety of scenery and climates within our borders. The Colorado Desert, through which the road passes, is 312 feet below the sea level, with a dry, hot atmosphere.

Going out over the Denver & Rio Grande, one reaches an altitude of 10,500 feet; while on the Shasta route, the road passes Castle

Crag Tavern, winding around the base of Mount Shasta, whose summit is 14,444 feet high and clad in eternal snows.

Colton and Riverside, the first important points reached on the Sunset route, are already far-famed for their delicious fruits and extensive orange groves which line the streets and highways for many miles.

Drs. M. F. Price and K. D. Shugart, of the local committee on reception, will take delight in showing them to visitors.

From here to San Diego and Coronado it is only four hours' ride. They are located upon the bay in the extreme south-western part of the state, only four miles from the Mexican border. This is now a fashionable all-the-year-round resort, with one of the largest and best equipped hotels in the world, its main dining room having a capacity for a thousand guests.

Facilities for bathing and boating in the sheltered waters of the bay are unexcelled. Drs. C. M. Fenn, W. A. Edwards and C. C. Valle, of the local committee, will extend every courtesy to visiting members.

Los Angeles, the chief city in the south, too well known to need any description here, is only five hours distant on the way north. Here, Drs. H. Bert Ellis, H. S. Orme, Walter Lindley, Jos. Kurtz, J. P. Widney and W. L. Wells, of the committee on reception, will be delighted to show visitors the city and its suburbs, Pasadena, Santa Monica, and other points of interest.

Santa Barbara, another charming resort by the sea, famous for its adjacent olive groves in which it rivals Palestine, is only three hours' ride from Los Angeles. Here, Drs. S. B. P. Knox, J. M. McNulty and R. J. Hall, of the local committee, will do the honors of the occasion.

Leaving Santa Barbara by rail the next point of interest will be Parkersfield, where an extensive system of irrigation has transformed a desert into a veritable Garden of Eden.

Then comes Fresno, the largest and most successful vineyard district in the state, where Drs. Chester Rowell and A. J. Pedlar, of the local committee, will pay every attention to visitors.

It is only seven hours' ride from here to San Francisco, where the members of the reception committee will meet the visitors and escort them to their respective hotels. Those who come in over the northern routes, via Mount Shasta, Castle Crags Tavern, Soda Springs, Chico and the State Capitol at Sacramento, may desire to depart by the Santa Fe or Sunset routes.

R. H. PLUMMER, Chairman.

San Francisco, April 25, 1894.

The Principles of the Revised Code.—By its publication in the Association Journal the work of the Committee on the Revision of the Code of Ethics is fairly before the profession. Hence it will be helpful to give a statement of the lines along which the revision

was made. In general the principal points were given in a preliminary report at the Milwaukee meeting. But aside from these, the revision aimed to accomplish the following—we quote the writer's exact language :

“First : To arrange so far as practicable all topics of the same nature under the same heading. As the code now is, cognate subjects are scattered promiscuously through the entire document.

“Second : To make the different headings more definite in their designation of the subjects contained under them.

“Third : To separate questions of ethics from those of etiquette.

“Fourth : To make the code correspond with and acknowledge the immense changes which have taken place in the profession since it was first written.

“Fifth : To avoid all reference to medical sects and irregular practitioners ; because such reference sullies the dignity of the code, and because it is a recognition of the existence of that which we believe should not exist, and because it is the most efficient means of perpetuating this objectionable condition.

“Sixth : In view of the fact that there are so many women practitioners of acknowledged learning, reputation and skill, the language of the revision omits all reference to sex.

“Finally : The fundamental requirement of the code is the possession of such a liberal education, training and culture in the humanities, the arts, and the science and art of medicine itself as will make every member of the profession a gentleman and a scholar, the peer of the members of all the other learned professions, and in that way to establish the dignity of the profession on a surer basis than can be reached by hedging it in with any system of penal enactments.”

We believe that if the revised code were carefully studied in comparison with the old one, it would be approved by seventy-five per cent. of intelligent medical practitioners. The reasons for this, in brief, are :

1. The revision permits professional association with every physician who has been thoroughly educated, who maintains an honorable reputation among his acquaintances and clients, and who has conformed to the legal requirements of the state in which he resides. Every unprejudiced person must grant that these three factors must make a profession worthy of confidence and professional association. Adequate knowledge, honorable reputation and legal right bring a doctor's standing down to solid rock.

2. Physicians outside of medical colleges, hospitals, dispensaries, etc., are given the same rights to make known their abilities and equipment for medical work as those inside of these institutions. Now the inside men have full liberty of advertising, and the outsiders none. Class distinction in the matter of advertising is abolished, and all are placed upon the same level. Instead of recommending that practitioners in medical institutions be forbidden to

use their official positions as means of advertising, the committee thought an increased liberty to the remnant of the profession would be wiser.

3. The revision permits the physician inventor to protect his invention of mechanical appliances in the same manner as any other citizen. In this respect it again equalizes classes.

Heretofore the physician who wrote a book was permitted to copy-right it and so increase his revenue therefrom, but the inventor of a mechanical appliance was forbidden to avail himself of legal protection. Now both medical writers and inventors are alike permitted to avail themselves of their rights as citizens to legally protect the products of their brain-work. Doubtless but few physicians will desire to avail themselves of the liberty, but all will feel better for possessing it.

Thus it is clear that the lines along which the revision has taken place provide for an increase of individual liberty to all physicians, and for extending to all classes the liberty accorded to a single class, as in the matter of advertising and the patenting of mechanical appliances. It admits of no concealment or secrecy in any point; it urges the highest preliminary and professional training; it ignores all sectarian designations of any sort, recognizing but one brotherhood of physicians, all of whom have been properly prepared for their duties and have complied with the legal requirements of the state in which they live, and all maintaining an honorable reputation in the community in which they reside.

It is believed that a profession that freely adopts and lives in accord with the revision presented by the committee, will find its growth materially promoted in numerous directions.

It is natural to suppose that the adoption of this revision will be opposed by those whose special privileges are thus extended to the entire profession, so that they become general privileges by those whose cerebral cells have become ossified so that they are incapable of comprehending the onward movements of the medical profession; by those who are in the leading strings of determined leaders; by the indolent, who are indisposed to trouble themselves with aught of general concern, and by the thoughtless.

Whether a sufficient number of delegates will gather at San Francisco to overcome the opposition, is uncertain. But if rejected in the present, the revision is destined to ultimately prevail because the great mass of physicians of the United States can be depended upon to finally secure for themselves equal rights and grant the same to all other physicians; they are sure finally to adopt such lines of conduct towards each other as will best promote the advancement of their science, their art, themselves and the public which they serve.—*American Lancet*.

Cleveland doctors who expect to attend the San Francisco meeting of the American Medical Association, June 5th: Drs. C. B.

Parker, N. Stone Scott, A. J. Brockett, C. E. Cotton, X. C. Scott, Guy B. Case, A. R. Baker. Dr. N. Stone Scott will read a paper on "Inflammatory Stenosis of the Pylorus" before the surgical section. Dr. X. C. Scott will read a paper on "The Treatment of Purulent Ophthalmia" before the ophthalmological section, of which Dr. A. R. Baker is chairman.

The American Medical Association.—San Francisco is justly proud of her harbor, and since it is probable that the delegates and visitors to the American Medical association will be given an excursion upon its waters, it will be of interest to many to learn something of its beauties. We will imagine we are upon one of the large excursion steamers and are starting upon our day's outing. The usual rush through the gates for the boat at the last moment is over, the inevitable half-minute-too-late man has been left behind and is sorrowfully wending his way back to his hotel, regretting the good time and the free lunch that have departed from him, and the boat with her load of guests has drawn out of the slip into the green bay, and with prow pointing northward is gathering headway for the journey.

It is not yet time for the usual afternoon breeze. The sun is shining bright through a sky that will rival in depth of color and purity of tone the more famous skies of the old world; to the right the green shores of the Coast range of mountains, looking blue in the distance, rise gradually from the shore, until having reached the sky the vision is interrupted, and the beyond is left to the imagination, while to the left the receding city with its undulating outline is growing gradually less distinct, and its rumble and roar is being replaced by the sound of churning waters from the wheels and the hum of happy voices. On the upper deck and forward is a good position from which to note points of interest.

To the eastward is Goat Island. This was formerly called Yerba Buena; its present name doubtless arose from the fact that during the early forties it was used as a goat pasture. At present it is one of Uncle Sam's possessions. The Oakland and San Francisco ferry boats run just south of this island, and many tragedies are said to have occurred near its shores. Occasionally one reads in the papers of "the demon of Goat Island;" if any are curious as to this legend, enquire of some native son or daughter and be enlightened. Alcatraz Island lies to the north. It belongs to the U. S. and is used as a fort and military prison. It seems too bad to appropriate so bright a spot to such use as the latter, but government and sentiment are not usually very closely related. Over to the left on the main shore is Fort Mason, commonly called Black Point, while further westward is Fort Point, backed by high bluffs that have recently been strongly fortified. The dirt mounds on their summits, covered with waving wild oats, look innocent enough, but hidden in their depths are engines of destruction so placed as to fully com-

mand the entrance to the harbor. About equidistant between the forts, the Pacific coast headquarters for the army is located. The neat quarters of the officers are almost covered by trailing vines and climbing roses that partly obscure their outlines. Soon after we have passed Alcatraz, all eyes will be turned to the westward to drink in the view presented. In the centre, like a mighty river, lies the Golden Gate; beyond is the limitless expanse of the Pacific Ocean, to the north the Mission hills rise abruptly from the shore to culminate a few miles away in Mt. Tamalpais, while on the south the gentle slopes of the Presidio, dotted with evergreen trees, lead backward toward the city. Our boat moves on and new scenes shut this one out, but the impression made will long remain. With a long sweep in toward Gaucelita, nestling among the trees at the mountain's base, we have turned to the east, and are steaming along past Belvidere and Tiburn. Angel Island, that we are now approaching, is of some interest to this company of sightseers. Here is located the quarantine station, and perhaps we will be given an opportunity to land and make inspection, but probably our boat will be headed for Raccoon Straits, through which we will pass and cruise about in the broad bay above. Here we will have an opportunity to point out Red Rock, Two Brothers, Hen and Chickens, McNear's Landing—the most delightful picnic place on the bay—the Chinese village of shrimp fishers, and other places with which we may be familiar. Our objective point is Mare Island. This is the government naval repair and supply station for the Pacific coast. Through the kindness of Surgeon-General Tryon and Surgeon Wood of Mare Island, we will be permitted to land and inspect all that is of interest. Many famous old vessels have been refitted here, and perhaps some are lying in the offing now. After having spent an hour at this place we will board our steamer and start on our return.

There yet remains much to be seen, but the sun is reaching over toward the west, and we must hasten or it may be dark before the circuit is complete. We steam back past Vallejo, Port Costa, with its immense grain depots, Berkeley, our State University town, Oakland, the City of Churches, and Alameda, the charming residence suburb. It will be of interest as we cross the bay on our way home, to notice the Spreckles sugar refinery, the Union Iron works, where have been constructed such war vessels as the *Charleston*, *San Francisco*, and the Pacific mail steamship docks, where the Chinese coolies were at one time landed by the thousands. The sun is dipping into the western waters, and as our boat glides into the slip, the twinkling lights of the city invite us back to our accustomed duties, refreshed and invigorated by our day's outing, and ready for whatever of entertainment may yet be in store.

R. L. RIGDON, Sec'y.

Appendicitis, the Latest Fad.

Have you got the new disorder?
 If you haven't, 'tis in order
 To succumb to it at once, without delay;
 It is called appendicitis.
 Very diff'rent from gastritis,
 Or the common trash diseases of the day.
 It creates a happy frolic,
 Something like a winter colic,
 That has often jarred our inner organs some;
 Only wrestles with the wealthy,
 And the otherwise most healthy.
 Having got it, then you're nigh to kingdom
 come.

Midway down in your intestine,
 Its interstices infestin',
 Is a little alley, blind and dark as night;
 Leading off to simply nowhere,
 Catching all stray things that go there,
 As a pocket it is clearly out of sight.
 It is prone to stop and grapple
 With the seed of grape or apple,
 Or a soldier button swallowed with your pie;
 Having levied on these chattels,
 Then begin eternal battles
 That are apt to end in mansions in the sky.

Once located, never doubt it,
 You would never be without it;
 It's a fad among society that's gay;
 Old heart failure and paresis
 Have decamped and gone to pieces,
 And dyspepsia has fallen by the way.
 Then, stand back there, diabetes,
 For here comes appendicitis,
 With a brood of minor troubles on the wing;
 So, vermiform, here's hoping
 You'll withstand all drastic doping,
 And earn the appellation, "Uncrowned
 King."—*N. Y. World.*

Dr. Thomas McEbright died at his home in Akron, April 8, at the age of seventy. Dr. McEbright was an ex-president of the State Medical society. He has practiced in Akron since 1864. He was prominent as a citizen and identified with the growth and welfare of that city, being especially well known because of his connection with educational affairs.

Dr. A. H. Van Cleve, formerly of Fort Worth, has removed to Eddy, New Mexico. In a letter to the editors he says: "The climate is the best I have ever seen; rheumatism has entirely left me. Practice is varied with quite a good deal of surgery and obstetrics. The nearest oculist is five hundred miles away, either at El Paso or Ft. Worth. Prices good, as also are collections. The climate and altitude of Eddy is about that of El Paso, minus the disagreeable "northerners" of the latter place. Altitude three thousand feet, and is already attracting many consumptives."

Tuberculous Pleurisy.—J. H. Musser contributes notes on six cases of tuberculous pleurisy. Some of the different modes of onset are given: 1. By a series of acute attacks; 2. Acute bilateral pleurisy with effusion; 3. It may develop insidiously, or secondary to genital tuberculosis. He distinguishes tuberculous pleurisy from pulmonary tuberculosis by the amount of pleuro-pulmonic invasion, by the age, absence of extreme hectic and extreme emaciation, by the character of the sputum and absence of bacilli, by the unproductive cough, extreme chest pain and chest deformity.

The writer considers that "It is always cheering to make out a tuberculous pleurisy when in the midst of much pulmonary tuberculosis. First, the probability of a cure is very much greater than in other forms of tuberculosis. Second, a partial cure can be promised in many cases. Then the progress is slow, and hence the duration of life much greater than in pulmonary tuberculosis. The symptoms of the terminal stage are, however, more distressing. The dyspnea, the breast pang and chest constriction, the internal suggestions of dragging or pulling, as upon organs, are agonizing to witness. The harassing cough is most weakening to the patient. Tuberculous peritonitis, of sluggish type, adds to the severity of the terminal symptoms."—*International Medical Magazine*, February, 1894.

When to Operate for Squint.—E. Jackson (*International Medical Magazine*, February, 1894), in a careful consideration of the question of operations for strabismus, makes the following points:

No operation should be done so long as other methods of treatment offer any probable chance of relief. The slow development of co-ordinating power in some children, and the possibilities of change by future development should prevent early operative interference; and, as a rule, therefore, operation should not be undertaken before the age of five or six years, and at that age complete correction by operation should rarely be attempted. At puberty complete correction of the squint by operation should be undertaken where it has been incompletely corrected or is of low degree. In adult life, the existing indications govern the operation. In cases of squint due to ametropia, the latter should be corrected before operation is attempted.

Retirement of Dr. Pepper.—At a meeting of the trustees of the University of Pennsylvania on Monday last, Dr. William Pepper tendered his resignation as provost, to take effect after the commencement on the 5th of June. In his letter he calls attention to the fact that when he took the position over thirteen years ago, the University had a teaching force of eighty-eight, its students in all departments numbered nine hundred and eighty-one, it possessed fifteen acres of ground, and buildings and endowment estimated to be worth \$1,600,000, while at the present time it has two hundred and sixty-eight professors and instructors, the attendance of students is two thousand one hundred and eighty, the tract of ground it covers includes fifty-two acres and the value of buildings and endowment over \$5,000,000.

Dr. Pepper retires from the position of executive head of the institution to devote himself more completely to medical science. His successor is likely to be Mr. Charles C. Harrison, for several years one of the most active members of the board of trustees.—*The Philadelphia Polyclinic.*

The Fog Horn Nuisance.—The editor of the Buffalo Medical and Surgical Journal makes the following pertinent remarks with regard to the fog horn nuisance, which are equally applicable to Cleveland. A few years since we started a crusade against locomotive and other steam whistles blown in the city limits, which were finally prohibited, much to the comfort of the residents of the city. Cannot a similar measure be enforced with regard to the unnecessary noise of the fog horn?

“With the opening of navigation the citizens of Buffalo are again tortured by the almost continual sounding of a ponderous fog horn located within the environs of our harbor. We have heretofore, in these columns, called attention to the serious menace to health that this infernal machine causes. We even go further and affirm, without reservation, that it is destructive to human life.

“In these days of worn and tired nerves, a good night’s sleep is needed to fit men and women for the work of to-morrow. We are now speaking of those persons who, judged by ordinary standards, are classified as enjoying good health. Yet, owing to the perplexities of business, with its many cares and anxieties, most of such are light sleepers and are easily awakened by undue and unusual noises. With the first toot of the fog horn they are aroused and sleep returns to them no more for the night. Hence, they reach their business offices next day with jaded nerves and tired muscles, and are wholly unequal to the duties before them.

“But, if those in good health are thus disturbed, what shall we say for the sick? It requires no longdrawn argument to prove that these, in innumerable instances, are made infinitely worse by the unnecessary tootings of the fog horn, and, in some cases, we doubt not, they are driven to insanity or death.

“It is utterly idle for navigators or vessel owners to contend that

it is necessary to keep a populous city, numbering three hundred thousand inhabitants, in a state of perturbation that menaces health and life, in order to preserve the few vessels that may approach Buffalo harbor in a fog during the lake season. In most countries, vessels come to anchor when approaching a harbor during a fog, and here if a strong search light were properly erected on the site of the fog horn it would meet every requirement of safety to life and property.

"We speak seriously. This is an important matter to the business interests of Buffalo, let alone the questions of life and health, to which we have before referred. Well-to-do people will leave Buffalo early in the Spring and return late in the Fall, thus prolonging their outings for the purpose of avoiding this everlasting fog horn din, hence spend thousands of dollars in other places that would be used to the benefit of Buffalo. Still others, who reside here as a matter of pleasure or comfort, will flee from this terrible noise nuisance and seek residences in cities where fog horns are unknown.

"This is a matter for the health department to consider deliberately and with great gravity. If the local authorities are not clothed with adequate power to deal with it, then the offices of the state board of health should be invoked, to the end that the nuisance may be effectively and permanently abated. The United States government has no more right to establish and maintain a nuisance within our borders than has an individual, and it should be called to account therefor just as summarily, just as certainly."

The Doctor in Fiction.—The Boston Medical and Surgical Journal in discussing this subject finds but few creations which represent the medical man with vitality and truthfulness. First of all is placed Balzac's "Medecin de Campagne." George Eliot's Dr. Lydgate in "Middlemarch" is a realistic portrayal; and Dr. Sevier, in one of the Cable's stories, ranks among the very best of novelists' creations. This is only three out of hundreds of attempts to portray the physician. We quite agree with our contemporary in its critical estimates.—*Medical Record.*

Pruritus Vulvæ from Jealousy.—Once, says Dr. William Goodell, I was asked by a medical friend to see an exceedingly bad and acute case of pruritus vulvæ—the very worst that ever came under my observation. The lady was tossing about in her bed in a state bordering on frenzy from the intense itching, which could be allayed only by cold starch poultices applied every few minutes. Very naturally attributing it to uterine disease, my friend had discovered a small but angry-looking tear in the cervix, exuding a viscid discharge, and I was called in to the case to decide the question of an operation. I, too, was at first led astray; but the suddenness of the seizure, its vehemence, and the lack of consistency in the behavior of the symptoms, put me on my guard, and we soon

found out the cause to be an attack of jealousy. This was a stubborn case to manage, but she ultimately recovered under isolation, massage, and heroic doses of asafetida. Twice I treated a highly intellectual lady for attacks of pruritus vulvæ, and of vaginismus. The itching was intolerable, and the sensitiveness of the genitalia so acute as to forbid every attempt at sexual intercourse. Each attack was brought on by mental overstrain from exacting literary work, and much domestic unhappiness ensued. Several cases I have personally known of ladies who had for months been treated for supposed uterine or ovarian disease, when their whole and only trouble was remorse at having had illicit intercourse, or at having resorted to criminal abortion.—*Medical Record*.

Professor Gad.—This distinguished gentleman has honored Cincinnati with a visit. Last Monday afternoon he was tendered a reception and dinner by Dr. Zinke, President of the Academy of Medicine. A small company of the local profession were present to greet the professor. The occasion was one of delight to several physicians who had been pupils of Professor Gad in Berlin, and equally pleasant to those who grasped his hand in a first acquaintance.

Professor Gad delivered a lecture that evening before the Academy of Medicine on the subject of respiration, which was listened to by a large and interested audience. Afterwards a banquet was tendered by members of the Academy, where there was extended a further expression of hospitality. Dr. P. S. Connor was toast-master for the occasion. Responses were made by Drs. Murphy, Richard, Reamy, Reed and the honored guest of the Academy. Everyone felt that the Academy had honored itself in doing a creditable act.—*Cincinnati Lancet-Clinic*.

The present Ohio Legislature found no difficulty in passing a bill creating a Board of Examiners of Veterinary Surgeons. Buckeye women and children do not seem to need any such protection as that given to horses, pigs and sheep.

A Bill for the Prevention of Blindness in the State of Ohio.—The following bill became a law in the state of Ohio, having passed both Houses unanimously, March 13, 1894:

SECTION 1. *Be it enacted by the General Assembly of the State of Ohio,* That should one or both eyes of an infant become inflamed or swollen, or show any unnatural discharge at any time within ten (10) days after its birth, it shall be the duty of the midwife, nurse, or relative having charge of such infant to report in writing within six (6) hours to the physician in attendance upon the family, or, in the absence of an attending physician, to the health officer of the city, village or township in which the infant is living at that time, or, in case there is no such officer, to some practitioner of medicine legally

qualified to practice in the state of Ohio, the fact that such inflammation, swelling or unnatural discharge exists.

SECTION 2. Any failure to comply with the provisions of this act shall be punished by a fine of not less than ten dollars (\$10.00), nor more than one hundred dollars (\$100.00), or imprisonment for not less than thirty (30) days, nor more than six (6) months, or both fine and imprisonment.

SECTION 3. This act shall take effect and be in force from and after its passage.

Didn't Need It.—The following interesting reply was returned to a circular letter soliciting subscriptions to a certain medical journal :

FARIBAULT, MINN., February 22, 1894.

Your copy of the ——— Jurnal come, and the letter to—askin me to send fifty cens and git it fur a yeer. I don't nead no jurnals. When I git a tuff case I go off inter sum secrit plase and tell the lord all about it and wate for him to put inter my minde what'er do. Thats bettern jurnals and syklopedes and such. If we hed more lord trustin docters and less colleges weed fare better. The lord noes morn all the docters and if we go to him fur noledge it ill be bettern jurnals.

Fraternally in the lord,

A CHRISTUN DOCTER.

P. S.—I've practist medisn morn fifty yeers. Yore ken publish this letter if you want ter.—*Northwestern Lancet*.

Collect Your Faire.—

When a young man appears in your office, Doctaire,
And with a mysterious and diffident aire
Informs you that something is wrong with him whaire—
That is—er—where he—he maketh wataire,
And it hurts till it naturally lifteth his haire,
And he further explains that the whole sad affaire
Came of riding his wheel through a rough thoroughfaire,
Just say to him blandly: "Alas, my dear saire,
In certain precincts, the whole atmosphaire
Seems loaded with microbes—I advise you, bewaire
Of these shady retreats, and do not ride thaire."
Then fix up his "dope" and *collect a good faire*,
For as sure as you trust, though he be a prechaire,
He'll beat you, or skip to some other doctaire.

—*Medical Gleaner*.

The Transactions of the Pan American Medical Congress.

—The proceedings of the first Pan American Medical Congress were compiled by the secretary-general, Dr. Charles A. L. Reed, and transmitted to the Department of State in November, 1893. By recent joint resolution of the Senate and House of Representatives,

the manuscript was transmitted to Congress, and a concurrent resolution has been adopted directing a public printer to print the same. The manuscript is now in his possession and will be put to press at once under the supervision of the editorial committee, of which Prof. John Guiteras, of Philadelphia, is chairman.

There are seventeen members of the medical class at the Johns Hopkins University.

Uncertainties of Brain Surgery.—Simply as a new department in surgery, there are many uncertainties attending operations for organic disease within the cranium; and to these are added the uncertainties which arise from imperfect knowledge of the localization of cerebral functions, and the necessary inaccessibility of the parts to our most definite methods of diagnosis. Doubtless the experience of a few years will settle many important points that are now doubtful, but it is probable that many others will remain uncertain for a long time to come.

A series of four cases reported by Keen (*Am. Jour. of the Med. Sci.*) illustrates the difficulty of dealing with these cases that is encountered by one who has a command of all the resources of modern diagnosis, and the aid of expert neurologists.

In the first of his cases, diagnosed as tumor, probably of the occipital lobe, trephining was done at the point of localized headache in this region, but the tumor was not certainly discovered, although the introduction of a grooved director met with increasing resistance at a depth of one and a half inches below the cortex. The patient was relieved of headache and lived for four and a half months afterwards.

In a second case, the symptoms were held to point toward a tumor at the base of the brain, pressing upon the optic tract. On this account, no operation was done. The autopsy showed that the tumor lay in the upper motor area, but separated from the surface of the cerebrum by one-third of an inch of cortex. Had trephining been done immediately over it, it probably would not have been discovered, and if discovered would have been impossible of removal.

In the third case, a majority of the expert consultants agreed that it seemed most likely the tumor was in the cerebellum, though some doubted this very much. Operation was done. The tumor was not found, and the patient, a boy of fourteen years, who had been in a very bad condition, died nine hours later. The autopsy showed the tumor to be situated in the floor of the third ventricle, entirely out of reach of operative interference.

A fourth case is still more curious. The tumor occurred in the motor area, was accurately located, and the cranium opened directly over it. When, however, the brain surface was exposed, no pathological change in it could be recognized. The wound was closed and the patient did well after the operation, but died a little more than six months later from the progress of the disease.

At the autopsy, the tumor proved to be tubercular, and located exactly at the seat of operation, but the change of the gross appearance from the normal was so slight that it had not been possible to recognize it. The pathological character of the tissue not being recognizable microscopically, might have been revealed by the removal of a small part for microscopic examination, but even in this case, the diseased tissue could scarcely have been removed, because it was destitute of any definite border.

In summing up the matter there must be added to these uncertainties of diagnosis the doubt that still attaches to the ultimate value of many of the operative procedures that have a recognized place in this branch of surgery—a doubt that only a greatly extended experience, both as to the number of cases and the length of time they are kept under observation, can resolve.—*Philadelphia Polyclinic*.

Professor Virchow's Speech.—The following is the report of Virchow's address at the inaugural session, as given in the *Official Journal* of the following day:

"The Professor Virchow, President of the last Congress, explained the reasons that have decided the Physicians that in 1890 were reunited at Berlin, to choose Rome, as six of the XIth International Congress.

"The Orator said, that in this manner they have intended to make homage to the ancient traditions. He expressed the desire that the Congress, can contribute to elevated the moral aspirations, the ties of the friendship of all countries, so that the fraternal place that must approach all the civilized Nations."

After the conclusion of this address, the *Journal* continues: "Mrs. The Delegates whose names are the following, have taken the word in order, to give the welcome to their Compatriots."—*Medical Record*.

Dr. H. E. Handerson has been elected to the chair of State Medicine and Hygiene in the Medical Department of the University of Wooster.

Germany.—The May number of this most acceptable of our exchanges comes to us in a new dress and in a much more convenient form for preservation than in the larger page formerly used.

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ORIGINAL ARTICLES.

THE BACILLUS TUBERCULOSIS IN THE DIFFERENT STAGES OF PHTHISIS.*

BY C. W. F. MUENCHEHOFE, M. D., CLEVELAND, OHIO.

Assistant in Bacteriology in the Medical Department of Western Reserve
University.

Before the year 1882 tuberculosis was very indistinctly and indefinitely understood by the medical profession. Many were the classifications that were introduced by the different clinical authorities, making what is professionally understood, at the present time, as tuberculosis, a very complicated study, both for the clinician and pathological anatomist.

We are, however, indebted to Koch for the discovery of the cause of the disease in a bacterium, which he named "Bacillus tuberculosis." This he made public in the Physiological society of Berlin on the twenty-fourth day of March, 1882. So satisfactorily did he explain his investigation that none doubted its veracity.

With regard to the behavior of the bacillus tuberculosis in the different stages of consumption, I have the honor to make a few remarks:

During the past two years I examined about eight hundred sputa, and my opinion is, that the bacillus in each stage assumes an entirely

*Read before the Cleveland Medical Society on April 13, 1894.

different character in its microscopical appearance. In the beginning, or first stage, of this pernicious disease the bacilli are large, straight and long, contain a few spores of an oval outline, and, compared with the other stages, they are few in number. It is generally believed that their condition is due entirely to the state of the lung, thereby supplying them with suitable nourishment for multiplication and development. In the second stage the bacilli have become shorter, sometimes slightly curved, vastly increased in number and form, and contain many more spores than either the first or third stage. If in the third stage a specimen is examined, which has been prepared in the same manner as in the foregoing, a decided change is easily discernible. Here the bacilli are not so numerous; they are generally curved, smaller and shorter, and spores may be detected when great care is exercised in examination, but are indistinct. In this stage the bacilli have the appearance of Koch's comma-bacillus, more than the bacillus tuberculosis in its normal condition. Here it is admitted that the lung in the advanced state of decomposition is unable to supply proper nourishment to this parasite.

Now with regard to the examination of sputa: From sputum it can be examined it is more reliable to use the tenacious yellowish-white particles. A very small piece is then placed upon and rubbed between two cover-glasses and these drawn apart; they are then allowed to dry and afterwards passed three times through the flame of a bunsen-burner. This heating process is for the purpose of coagulating the albuminous matter, thereby fixing the sputum to the glass; it is then ready for staining.

A great number of different methods for staining are known to my mind the most suitable and most satisfactory is that known as "Ziehl-Neelsen and Gabbet's" method. Its preparation is simple and is probably familiar; however, I shall mention it: One part of fuchsine dissolved in ten parts of alcohol, mixed with one hundred parts of a five per cent. carbolic acid solution. The specimen after having been passed through the flame, smeared side uppermost, and a few drops of this fluid are poured on it and the cover-glass is again heated until air bubbles begin to arise. It is then allowed to cool; when cooled the fuchsine solution is poured off and Gabbe's solution

stituted for one or two minutes, then it is thoroughly washed in distilled water. It is now ready for examination.

Gabbet's recipe is : To one hundred cubic centimetres of a twenty-five per cent. solution of sulphuric acid two grammes of methylene-blue is added. This solution has the property of decolorizing and staining everything blue excepting the tubercle bacilli, which retain the original red color of the fuchsine solution. After this process of double staining, it is very easy to detect the bacilli, and no mistake ought to be made.

In a cultured specimen you will notice a slight difference in appearance from that of the lung-growing species, and they may be designated by the fact that they are always slightly curved and decidedly alike in semblance. I might sum up the foregoing in such a manner with regard to the appearance of the bacilli : "In the first stage their condition is such that they seem to be well developed, and the only inference is that the lung must be comparatively in a healthy state. In the second stage the bacilli are more or less degenerated, principally, I think, from the fact that on account of lung decay they have not the proper sustenance. In the last stage I wish to impress the fact that they are not only decreased in number, but are still more degenerated. Here I consider that in this advanced state of lung decay the bacilli find in the cheesy substance less suitable nourishment."

With regard to the diagnostication of phthisis in the earliest stage, I believe microscopical research is invaluable, physical investigation is certainly not to be despised, but without the aid of the microscope satisfactory results cannot be arrived at in this stage, and a decision ought not to be given until such an examination has been made.

INFANTILE PARALYSIS.*

BY E. G. CARPENTER, M. D., CLEVELAND, OHIO.

While it is always pleasing to hear of the new things with which our science is replete, it does not seem that the old subjects should be relegated to the limbo of things forgotten, but from time to time be brought out and before the members of the society for re-consideration.

*Read before the Cuyahoga County Medical Society, February meeting, 1894.

eration and a re-investment with whatever may be new gained from our study and our private and hospital observations. This in view we have chosen an old subject, viz., "Infantile Paralysis."

In time past this has been styled "Regressive Paralysis," and I have described it as far back as 1828. Later some of its synonyms are "Atrophic Paralysis" (Ferrier), which commends itself much as it is found to be of an atrophic character and is not so confined to childhood, but from its occurrence most frequent in childhood is best known as "Infantile Paralysis." "Acute Anterior Poliomyelitis" (Kussmaul, Erb and Seguin) often is another name and claims an advantage, inasmuch as it does not confine the disease to any particular age and is an index to its pathology. These are the principal synonyms and the best, although there are yet others. We will discuss the disease to-day *seriatim* from the following headings: Morbid anatomy, causation, mode of onset, diagnosis, and treatment.

The paralysis being the principal feature of the disease and reasoning from effect to cause, where is the lesion? In our present knowledge of brain and cord localization we are able to definitely locate the cause of disturbed motility. Gowers very simply and uniquely divides the motor path into two segments, viz., the "bulbo-spinal" and "spino-muscular." These two segments make up the entire "motor path." Each, you will recall, takes their rise in a motor cell. The first taking its rise in the motor cells of the motor area of the cortex of the brain, takes its course through the brain and spinal cord to the ganglionic centers in the cord, and its terminal fibres divide up and disappear as a unit, forming the terminus of the upper segment.

The "spino-muscular" segment takes its origin in these ganglionic cells and forms the great nerve trunks to the muscles, its fibres ending in the sheaths of the muscles, forming the terminus of the lower motor segment. Somewhere along this "motor path" the lesion must be seated. Is it in the brain? It cannot be, as the paralysis is confined to the limbs alone, and being generally a paraplegia, both sides of the brain should be involved, and there are no other symptoms pointing to disturbance at that point. We must

look for the lesion in the cord. It cannot be located in the anterior columns, as we do not have paralytic symptoms from a lesion at that point. Nor can it be in the lateral columns; if it were, we would have a marked spastic condition and little paralysis. Nor can it be located in the posterior columns, for there are no sensory disturbances. It cannot be in the path of the nerves without the cord nor in the muscular endings of the same, for there are no pains or sense disturbances to indicate it. We therefore look to the anterior horns as the seat of the lesion.

Let us take a glimpse at the anatomy and physiology of these important parts of the cord. We find them composed of a ground substance or grey matter, made up of a fine mesh-work of fibers which are the processes of the neuroglia cells and nerve cells; besides, there is connective tissue and prolongation filaments from the epithelial cells lining the central canal. We find there the large multipolar cells 35 to 100 pr. ($\frac{1}{700}$ to $\frac{1}{250}$ in.). They have five or six processes, one of which only is an axis cylinder process. Those cells connected with the longest fibres are the largest and are found especially in the lumbar enlargement. The larger cells are located about the outer rim of the horns, those in the central portion being the smaller.

Physiologically these cell groups act as centres and distributors of nerve impulses. They have more especially a motor and trophic function. The larger cells spoken of send fibres to the larger skeletal muscles, the smaller central cells being connected with the smaller muscles and those having more specialized function. (Dana.) The still more central cells seem to possess a trophic function for the muscles, bones and joints, and other groups preside over the vaso-motor and secretory function. Among these are the spindle-shaped cells sending fibres to the vaso-constrictors through the anterior and posterior roots.

Morbid Changes.—These consist in an exudative inflammation of and hemorrhage into the anterior horns of grey matter, and as a result destruction of more or less of the large motor cells ensues. The expanded portions of the cord are the most likely to suffer. It is not as a rule diffusive, but rather confined to certain cell groups. These succumb by the breaking up of their myeline, (which under-

[] goes granular and fatty degeneration) and the cylinder axis segment and disappear. Consequent to the irritation the neuroglia increases by hyperplasia and the bulk of the horns become composed of sclerotic tissue, here and there intermingled by shriveled up multipolar cells or groups of such cells. There are occasional exceptions to this picture. At times the ground matter escapes and but the large cells are involved in the disintegration. Again, normal large cells seem intact while those about them have suffered. The degeneration does not always limit itself to the coruna, but may involve contiguous portions of the lateral columns, and in time pursue its course through the whole path of the nerve trunks. The trophic influence cut off, marked changes now take place in the muscle tissues. The fibres become narrower and under the microscope present a state of granular degeneration, increase of nuclei of the sheath of the interstitial tissue, with an accumulation of granular and pigment masses between the sarcolemma sheath. This destruction may be so complete as to leave but fibrous tracts as remnants of what was once muscle tissue.

Infantile paralysis may be classed as one of the systemic diseases of the cord, as its lesion is confined quite definitely to one of the anatomical paths; and following the rule, the course of its degenerative changes is along the line of the physiological function of the path, viz., from centre to periphery. In point of etiology, age, season and infectious diseases are the three most important factors.

The average age is two years, occurring in a larger percentage in later infant life. The hot months of the year seem to predispose to this disease has been observed (Sinkclair), as about eighty per cent occur between the months of June and September inclusive. Heredity occurs as a factor in about two per cent. It occurs most commonly just as children begin to walk, when there is a new friction thrown upon the spinal cord. Chilling of the body when overheated is an occasional cause. Over-exercise, especially that of prolonged walking, has seemed to be a determining cause. Dietetic restriction seems to have no place in etiology, as was once supposed. My own observations have led me to believe that phimosis or other conditions of the genito-urinary organs which might act by reflex may have a place in causation. I have in mind the case of a male child

three years of age relieved of severe ataxic symptoms and stuttering by circumcision alone. The statistics show a predominance of males, and it would appear the last named cause to be a factor in the etiology of the disease.

Infectious fevers, especially measles, have been known to precede the disease in about seven per cent.

Onset.—In the majority of these cases there are no previous recognizable symptoms. A child, hitherto in good health, goes to bed; in the morning is found lying helpless in bed, with one arm or leg, or both legs, totally paralyzed. Another marked symptom is a fever, ranging from 100° to 102° , which continues for a day or two, perhaps a week. This subsiding, there is a stationary period of about two to six weeks. After this there follows a period of improvement, and continues about six months. In this the arms and one leg have made marked improvement, or if a paraplegia, one leg may recover and the other but partially so. In this the muscles atrophy and show reaction of degeneration—loss of faradic irritability, but retention of galvanic irritability. The atrophy, after reaching a certain grade, ceases, after which some improvement may follow.

After a year, little, if any, improvement takes place. The bones and muscles cease to be nourished and do not keep pace with the growth of the healthy limb; as a consequence the foot becomes smaller and the leg shorter. Contraction of the unopposed muscles takes place, and various deformities, including the varieties of talipes, contraction of the plantar fascia and lateral curvature of the spine follow.

Progress.—In all other respects, including the condition of the brain, the general health of the subject may be good. We must eliminate this disease from any semblance it may bear to cerebral paralysis, congenital paraplegia, multiple neuritis, spinal hemorrhage and progressive spinal paralysis.

The cerebral paralyzes have associated with them stiffness and exaggerated reflexes, and are generally unilateral. Myelitis and hemorrhage have accompanied with them sensory disturbances, bed sores and bladder troubles. Multiple neuritis and progressive muscular atrophy usually occur in adult life.

The Treatment.—For convenience we may consider this under

three heads: First, that in the acute stage; second, that in the sub-acute stage; third, that in the chronic stage. In the acute stage leeches to the spine often give good results; or, instead, blisters spots by the use of cantharidal collodion, which is active, easily controlled and gives little pain. Mild diuretics and purgatives come in play.

Calomelgrs. iii

Kali Tart.....grs. xv

should be used.

Fld. Ext. Ergotæ.....mlxxx

Spt. Eth. Nit., qs.....℥ ii

A teaspoonful every three hours the first day; afterward, once five hours. In the sub-acute stage, friction and massage should be employed, and mild galvanism for ten minutes at a sitting, daily, be kept up for several months, seem to give results in some cases though oftener giving disappointment. In the chronic stage, medicine accomplishes nothing. The child should be taught to use limbs as much as possible by walking, by bicycle riding and gymnastics, and such orthopedic apparatus should be employed as will best conceal deformity and aid locomotion.

CASE OF ELBOW PRESENTATION AND ALBUMINURIA

BY F. S. CLARK, M. D., CLEVELAND, OHIO.

Visiting Physician and Surgeon to St. Alexis Hospital; Assistant to Department of Obstetrics and Diseases of Children in Dispensary of W. R. U.

The patient, Mrs. G——, was of a good family, her father dying in old age of pneumonia and her mother now living at an age seventy years. Brothers and sisters are all well except one, who shows some signs of kidney disease.

She was thirty-nine years of age, of Irish descent and the mother of three children, the oldest eight years. Five years ago she was delivered of twins, at which time swelling of feet was first noticed.

Two years ago she was delivered of a seven months child which occupied a transverse position, a shoulder presenting. The recovery was long and tedious, there being a slight rise of temperature for

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which no cause could be found, as it could not be traced to sepsis. At this time there was marked evidence of heart and kidney disease.

This is the history I obtained when engaged to attend her at her next confinement, which was expected a month later. At this time I was told her limbs were badly swollen and that she was greatly troubled with breathing. This latter, however, was laid to a very large goitre. I obtained some urine but found no albumen and asked for another specimen. Four days later and before another examination of urine, I was called at 6:00 A. M., but being out of the city did not see her till 2:00 P. M., when I found the following condition: At 2:00 A. M. she was taken with great dyspnoea, the condition being so urgent that a neighboring physician was called in, who with much difficulty succeeded in relieving her. I found on examination a marked murmur at the apex, and coarse mucus rales all over the chest. Pulse was 135; patient was perspiring freely and was compelled to sit up to breathe. I could not obtain any urine to examine, but the attendants had not noticed any decrease in quantity.

Considering the past history, I concluded there had been an oedema or congestion of the lungs resulting from kidney disease, and put the patient on treatment for such a condition. The prospects were not bright and the friends were so informed. The urgent symptoms disappeared, but two days later she passed only one pint of urine, which on being tested coagulated fully one-half. Two days later, at 9:00 A. M., only a cloudiness appeared on boiling the urine; patient was weak and was then having pains which had continued the night before. On examination the presenting part could not be reached and an abnormal presentation was suspected. At 3:00 P. M. os was one-third dilated and an elbow was presenting, the occiput being to the right and anterior. An attempt to turn by external manipulation failed, the child not remaining in the new position, and the waters not as yet being broken I wished to avoid rupturing till the os was dilated. From this time till 10:00 P. M. there were no more pains, and the patient was compelled to sit up most of the time because of dyspnoea.

While sitting quietly in her chair the waters broke at 10:00 P. M. An immediate effort to turn was unsuccessful because of the pain

and inability of the patient to lie down any length of time. It seemed that an anæsthetic must be risked, and Dr. Lowman was called, who administered chloroform to partial anæsthesia. It was even then with considerable difficulty that the child was turned and the feet brought down. As soon as the body was delivered the head contracted firmly on the neck of the child. Remembering the ease(?) in which the after-coming head could be delivered by flexion, etc., and the great danger and difficulty in applying forceps so strongly impressed on us by our authorities, the former method was tried. Flexion was indeed easy but delivery was not. Delivery was rapidly becoming fatal when I adopted the dangerous(?) alternative, very easily applied forceps and very easily delivered the head. But delay had been fatal, for the child only lived fifty minutes.

The patient was left two hours later resting comfortably, the pulse being 135. The next day I found she had flowed very profusely during the night, and I could not but question if it had not saved her from eclampsia, as the urine on boiling showed fully one-half the quantity to be albumen. I will not follow the history from day to day as the patient continued to improve and the albumen was gradually disappearing from the urine. The lochia was normal, abdominal tenderness was absent, but the pulse stayed at 135 and the temperature varied from 99° to 101°. As at her last confinement, there was no symptom of sepsis and the exact explanation of the fever was not evident.

About six days after confinement the albumen became more abundant, dyspnoea returned, and on the seventh day, when helping herself onto a bed-pan, she fell back dead.

We like to keep our unsuccessful cases in the background, but my failure, if such it shall be called, will help someone else, if for this I report the above case and to emphasize two points.

First. It seems to me that our authorities make too much of putting forceps on an after-coming head. To be sure, there are difficult cases, but so there are in vertex presentations. In the case of an after-coming head every second counts for the life or death of the child, and after working to deliver without forceps a final resort to them is likely to be too late. I do not mean to say put forceps

on every after-coming head, but have your patient, especially when you turn, lying across the bed or on a table, and your forceps at your side, then if the ordinary ways of delivery, properly and rapidly applied, fail, no time will be lost in applying forceps, which will ordinarily be very easily done.

Second. Do not wait till you have had a case of eclampsia before you make it a custom to always examine the urine, several times at least, before the time for confinement. When there is swelling of the feet and limbs we are too apt to say that such is to be expected during the last months of pregnancy, and not give close enough attention to the condition. Then, too, there may not be much swelling.

In several cases, and the one reported above is a marked example, I have felt that it was only by vigorous treatment beforehand that I had escaped the dreaded complication of eclampsia. If it comes any way we know then that nothing has been neglected to prevent it. I repeat, always examine the urine several times for confinement.

THE IMMEDIATE REPAIR OF PERINEAL LACERATIONS.*

BY R. E. SKEEL, M. D., CLEVELAND, OHIO.

I desire to report to-night the results obtained in thirteen cases of immediate repair of perineal lacerations with a view to urging its more frequent performance. It has been said, and frequently, that lacerations repaired at this time seldom, if ever, unite, and I present these cases, not to illustrate what can be done under the most favorable circumstances, but to show that a fair proportion of them heal if given only the ordinary care which we are able to offer in private practice, many times without any nursing save that which is afforded by the friends and neighbors, and often in the midst of surroundings which are enough to discourage any attempts at ordinary cleanliness.

Of these thirteen cases, four are examples of complete lacerations, two occurring in multiparæ as the result of precipitate labor, the

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children having been born before my arrival. One of the remaining two was delivered for a midwife, the head having remained impacted in the pelvic cavity for twelve hours. The other was an ordinary case of occiput posterior with imperfect flexion and failure to rotate.

Of these four cases, three were successful so far as the sphincter ani were concerned, but no perineal body was obtained. One of these was firmly united at the tenth day, when the sutures were removed, but an elevation of temperature, together with some local symptoms, the next day led to the use of the intra-uterine douche, and the perinæum was re-opened in its introduction.

The fourth case was in a very bad condition after delivery, suffering profoundly from shock as the result of an inversion of the uterus and its replacement, and the injury was repaired hurriedly. The recto-vaginal septum united down to the sphincter, producing a scar nearly two inches in length, but the sphincter and perinæum proper both failed.

There was thus one complete failure out of the four cases, but this probably need not have been so had it been possible to do a more thorough and complete operation.

The other nine cases are examples of incomplete laceration, none being recorded in which the tear did not extend to, or nearly to, the sphincter ani. Of these nine cases, four were natural deliveries. In three cases the low forceps operation had been performed for tardy labor; one was a high forceps case in a small pelvis, but scarcely small enough to be called a justo-minor; and the last was another case of occiput posterior with failure to rotate. Of the six cases, six were entirely successful, one was a complete failure and the other two were partially successful, union being perfect at the posterior part of the perinæum but not extending as far forward as it should. Failure to completely unite in both of these cases was due to the giving way of the suture material—in one case catgut and in the other very fine silk, which should not have been used.

There would have been but one failure to report in this series of nine cases had the suture material been of proper quality. In the entire list general anæsthesia was not used once, cocaine proving that was necessary. The method of suturing used was the de

suture from the perineal surface only, excepting in the case in which the recto-vaginal septum was lacerated high up. In this instance the vagina was united first.

The catheter was employed for from three to five days, and the perinæum was cleansed with a 1-2000 bichloride solution twice daily until the patient was allowed to urinate, when it was washed after each urination. The suture material used was principally silk and silkworm gut, and if any conclusions can be drawn from so few cases, we should use great care when silkworm gut is employed. The size of this material, together with one's inability to determine whether the resistance which he feels in tying is due to tension or the stiffness of the gut itself, renders him very liable to find his stitches cut out when he is ready to remove them.

The sutures were introduced early in all of the cases but one. In this instance, post-partum hemorrhage occurred shortly after labor and the operation was necessarily postponed for thirty-six hours and was then successful only to be opened up in the administration of intra-uterine douche, as before stated.

In conclusion, I wish to repeat that these cases are not reported with the suggestion that they are the best results obtainable, but are simply given as they occurred in my own practice, the most of them having no care save that which I was able to give them at my calls, and that if under these adverse circumstances such results as have been detailed can be obtained, there is absolutely no excuse for the do-nothing treatment so commonly advocated and still more commonly practiced.

THE MANAGEMENT OF GESTATION AND LACTATION.*

BY L. B. TUCKERMAN, M. D., CLEVELAND, O.

I hope the society will pardon the very incomplete paper that I present this evening, as a prolonged illness intervening between my appointment to discuss this subject and the present has prevented my making such preparation as I intended, and I must perforce content myself with briefly noticing a few points only regarding the management of gestation and lactation. It should always be borne in mind that on the health of the mother during gestation, on

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the vigor of her nutritive processes, and on the character of the food she is fed with depends in no small degree the future health of the child. I will cite a case in illustration : Mrs. L., a light blonde, thin and of nervous temperament, was pregnant for the fourth time. Somewhere, early in her married life, she had imbibed the notion that eating of substances containing lime salts tended to make labor difficult by promoting premature ossification of the foetal head, and she adapted her diet accordingly. Her labors were far from easy, however, and two of the three children had died of entero-colic during dentition, and the eldest, who had survived, was a victim of various and sundry manifestations of excessive nervous irritability.

She was put on a generous diet, and, in addition, prepared chalybeate, strychnia, iron, syrup of hypophosphites and maltine were given as tonics, care being taken that throughout her pregnancy an amount of the salts of lime should be ingested, sufficient to provide for the needs of the foetus. Like her previous labors, this labor also was somewhat tedious, necessitating a forceps delivery ; but she made a good recovery, and, from the first, the child was healthier and stronger than any of her former children. She has since borne another child, also robust, having again followed, during her pregnancy, the plan as before outlined. Not only have these later children been stronger than the earlier ones, but her own health has vastly improved as well.

I might cite other cases illustrating the advantage to both mother and child, of seeing to it that the food of the mother contains an abundance of the lime salts which enter so essentially into healthy nerve and bone building ; but this one must suffice for to-night.

With regard to the persistent vomiting of pregnancy, now so often so obstinate as to imperil the mother's life, I have found no remedy superior to small doses of calomel and opium frequently repeated—calomel say one-twentieth grain and opium one-fifteenth grain, given every hour, or every two hours, as may be indicated. Still smaller doses may be efficacious in some cases. Moreover, the eating of a bit of dry toast before rising, masticating it thoroughly and taking no liquid with it, will oftentimes quiet an irritable stomach and enable it to retain food at breakfast.

In the management of lactation, sore nipples often demand

attention. Among the thousand and one applications recommended, castor-oil seems about as good as any; It dries "tacky," as the painters say, covering the fissure with a sort of artificial cuticle; but cleanliness is more important than local applications. The nipple should be washed with warm water and dried previous to the application of any of the usual local remedies. But it is to the deficient secretion of milk that our attention is most often called; and in remedying this condition we can do much. Galvanic or faradic currents applied to the breast will stimulate its secretion, as I have had occasion to verify repeatedly; but the most convenient galactagogue we have, and among the most reliable, too, is pilocarpine, and latterly I have relied upon it in the main, and with good results. It must not be forgotten, however, that with the medicine we must see to it that a proper amount of fluid is ingested at the same time, otherwise the results are likely to be disappointing. It is better, too, that the fluid have some "body" to it—gruel or milk or broth is better than water or beer, the latter being open to the objection that the milk of a woman who depends on beer to keep up the flow is apt to disagree with a delicate child. Pilocarpine seems to act better in combination with strychnia, and taken about every three hours, in doses of one-twentieth grain with one-sixtieth grain of strychnia. Give it before breakfast; again at nine o'clock, to be followed by a half-pint to a pint of gruel; before dinner; at three o'clock, together with gruel as at nine; before supper; at 9:00 P. M. with gruel; and again during the night if the baby wakes to nurse, and make the baby depend on the breast for its food, and commonly you will shortly obtain an adequate flow of good milk. If prompt results are not obtained, the dose of pilocarpine should be increased.

Regarding the weaning of children in case illness comes to the mother, we should bear in mind that a majority of children weaned in this city before their first dentition, die, and in case the mother's milk does not evidently disagree with the child, and unless the function of lactation evidently jeopardizes the chance of the mother to recover, I do not recommend weaning. Only last summer a patient of mine with a three-months-old babe at the breast was taken with typhoid fever. She nursed her child through the full three weeks' run of the fever, without injury to herself and with advantage to the child; and this is by no means a solitary instance.

MEDICAL SOCIETY REPORTS.

CLEVELAND MEDICAL SOCIETY.

DISCUSSION ON DRS. CLARK'S, SKEEL'S AND TUCKERMAN'S PAPERS.
SEE PAGES 358, 361, 363.

DR. W. A. KNOWLTON—*Mr. President:*—Nausea and vomiting, gastric disturbances of some sort, are so frequently attendant upon pregnancy in the early months that we can hardly doubt that they are physiological, that they serve some wise purpose in the economy of nature. It is only exceptionally that these disturbances are severe as to be pathological. It is not improbable that the impaired digestion and lowered nutrition of the early months of pregnancy are conservative of the embryo, that in several ways they serve to prevent the recurrence of menstruation and the casting off of the ovum. Full blooded women whose digestive functions are slightly or not at all impaired in pregnancy are very liable to abortion. In such cases, when the habit of abortion has been established, the exhibition of nauseants—as ipecacuanha—has enabled woman to pass safely through the critical period. Beyond proper hygiene and the explanation that the gastric disorders are physiological, but little is required in most cases of the vomiting of pregnancy.

As to drugs, in severe cases I have found nerve tonics most serviceable. Quinine and strychnine in moderate doses, combined with belladonna in some cases, have been useful. In grave cases opium is usually the best remedy. This, the bromides and chloral hydrate lessen the excitability of nerve centers and irritability of nerve endings.

Dilatation of the cervix will sometimes give prompt relief, but in my hands it has frequently failed. In this connection it is well to bear in mind the mental impression, the moral effect, of almost any operative procedure in some cases. As considerable has been said this evening on the proper treatment of lacerated perinæum, I will venture a word on the *prevention* of laceration. My personal experience leads me to think that complete laceration is generally preventable. In a somewhat extended practice of over a quarter of a century, I have not had the conduct of labor in a single case in which complete laceration has taken place. I have frequently seen the perinæum torn, and sometimes to the sphincter, but in no case has the sphincter been divided or the recto-vaginal septum torn through at any point. In this perhaps I have been more fortunate than skillful, and must admit that my field of labor has been among women who were generally healthy. No one will deny that complete laceration is sometimes unavoidable, but if care is taken to prevent delivery of the head until the physiological distention of the perinæum is complete, the severer forms of laceration will

dom occur. The same principles apply here as to lacerations of the cervix. In threatening cases the head should be delivered between the pains or after the acme of a pain has passed. Complete anaesthesia facilitates this procedure. Undue haste is chargeable, in my opinion, with most cases of severe laceration. Of course the life of mother or child should not be sacrificed to save a perinaeum.

Touching the management of lactation, I think we can hardly exaggerate the importance of care of the nipples. Exquisite torture of the mother, vitiation of the milk and consequences to the child, and suppurative mammitis are some of the consequences of sore nipples. Abscess of the breast usually comes from sore nipple through infection.

As a prevention of sore nipples, cleanliness is most important. The nipples should be carefully washed after nursing and protected from chafing by the clothing. It is well to use an antiseptic in bathing the nipple. A solution of boracic acid is perhaps as good as any. Preparation of the nipples, especially when they are imperfectly developed, is important. Proper manipulation with the fingers is one of the best means of preparing the nipple for nursing. Like the covering of other parts of the body when subjected to unusual friction and pressure, and especially if in a moist condition, the skin of the nipple becomes irritated and the epithelium is easily loosened. Gentle friction, with traction with the fingers and bathing with mildly stimulating and astringent applications—as alcohol and water—gives firmness to the derma and deeper layers of epithelium. The effects of such measures here do not differ from those on other parts of the body.

Once the nipples become sore—abraded or cracked—suspension of nursing for one or two days, proper treatment being applied meantime, will, according to my experience, prove a wise course.

DR. H. H. POWELL.—In these days rupture of the perinaeum through the sphincter and recto-vaginal septum is one of the rare complications of labor. I do not believe with proper management the use of the forceps increases the liability of rupture of the perinaeum. On the contrary, the perinaeum can often be saved by the forceps. I advocate immediate repair if the tear is of the first or second degree; if it involves the sphincter and recto-vaginal septum it is often best to wait four or five hours until operation, so patient can rest. The woman should be placed upon a table and the operation performed in a careful manner. Silk-worm gut should be used in the septum and silk in the perinaeum. In tears of the first or second degree, when but a single assistant is at hand, it will be found advantageous, after placing the woman across the bed with buttocks well over the edge, to have the assistant stand to one side, place his arm under the thighs of the woman and elevate them as high as may be needed.

I have but little confidence in the value of medicine for increasing milk in the nursing woman. Pilocarpine, perhaps, is the least likely remedy, but in my experience has been unsatisfactory.

Among my curios picked up in foreign lands is a small, cake-like substance, perhaps an inch square, which I purchased from an attendant in a grotto attached to a chapel in the sacred villa of Bethlehem. Tradition affirms that as the blessed Virgin passed along this spot with the infant Saviour in her arms, milk flowed from her breast upon the ground. From that day to this, it is said, nothing more efficacious has been found than earth from this spot for increasing the milk of the nursing mother. I have no doubt that this statement is correct so far as regards specific remedies. The good sisters of Bethlehem have been replenishing their coffers through centuries past by the manufacture and sale of these much-sought-after earthy cakes.

DR. ROSENWASSER.—I deem the interesting paper of Dr. S. very timely, inasmuch as there are not a few practitioners who adhere to the opinion that immediate repair of the perinæum after childbirth is unimportant because often unsuccessful. One of the chief causes of failure crops out in the report just read. The laceration is seldom confined to the skin perinæum, but generally extends into the vagina, up one or both sulci or lateral grooves. Under these circumstances the repair of the perinæum by a few external stitches does not meet the exigency. The vaginal tear is left an open trough to absorb septic germs from the lochial discharge which runs over or stagnates within. Thus the external sutures are undermined from within and the operation proves a failure. Perineal lacerations should always be repaired from within outward—all in the vagina should first be sutured and then the outer skin union.

Whenever practicable the perinæum should be repaired immediately after delivery of the placenta; but despite the opinion of Joseph Price to the contrary, I have had good results in some cases even after a delay of a few hours. When the patient and attendants are thoroughly exhausted after a protracted labor, or when assistance or illumination can be much improved by a little delay, experience warrants the postponement. We are not, however, justified in waiting too long, for the decomposing discharge will infect the raw surfaces and of course prevent union.

Absorbable suture material should be strong enough to resist absorption for at least ten days. Chromicized medium catgut answers as well as silkworm gut or silk. Whenever the suture is pulled through it is because they have been too tightly tied. This is especially true of silkworm gut, which is unyielding and acts like a splint. Allowance must be made for swelling of the wound. When proper surgical precautions are taken and the repair is complete, failure in the primary operation for perineal laceration will be as exceptional as will be the necessity for secondary operation.

This discussion seems to me to have drifted somewhat from its original scope. To my mind the title would limit its consideration to the physiology and prophylaxis, rather than extend beyond into the pathology of the subject. My remarks are not made with a view to criticise, but rather to supplement the paper. I agree with the gentlemen who have preceded me that a pregnant woman is not necessarily a sick woman, and that the management of pregnancy *per se* requires but the application of the rules of common sense. The less a pregnant woman varies her mode of life from that she has lead when not with child, the better will she be fitted for the parturient act.

Nothing has been hitherto said on the importance of preliminary examinations of pregnant women, especially of primigravida. For his own comfort and for the greater safety of his patient, the medical attendant should insist that every pregnant woman placed in his charge should submit to at least one examination previous to her lying-in. Pelvic measurements and digital touch are as essential to forewarn the obstetrician against the dangers of dystocia, as are the repeated examinations of urine against eclampsia.

The fact that childbirth is ordinarily easy among barbarous and semi-civilized races when marriage is limited to members of the same tribe, and that parturition is more often difficult when inter-marriage has taken place between members of different races or tribes—a fact probably due to disproportion of the mother's pelvis and the fetal head—would indicate the advisability of possibly preventing racial intermarriage on physical grounds.

In the management of the nipples, I consider it improper to put the infant to the breast immediately after delivery, especially in primipara. There is at first very little secretion from the gland. If the baby is allowed to continue sucking without drawing milk, it will chew the nipple and render it soaked and sore in short order. It is for this reason best to allow it to take but a few sucks at each nipple every three or four hours until the milk flows easily. This has been my method of preventing sore nipples. I have never seen any good result from applications to harden the nipples previous to confinement.

DR. F. E. BUNTS—*Mr. Chairman*:—I quite agree with Dr. Rosenwasser as to the expediency and value of immediate repair. I should consider that unless some very urgent reason appeared, it would be best not to wait even till six hours had passed. It has seemed to me that patients stand the immediate operation remarkably well; often the parts are so benumbed that the pain is but slight and no anæsthetic is necessary. In complete laceration, when the tear extends through the sphincter and up into the bowel, I have made it a rule to introduce three rows of sutures—a continuous suture for the gut and another for the vagina, and deep interrupted sutures for the perinæum. I have always used silk for this purpose.

The operation should be done with the same care as in a second repair, paying attention to thorough cleansing of the field of operation, and removing with scissors badly lacerated and ragged portions whose vitality seems questionable.

It has seemed to me, too, that those lacerations extending through the sphincter and into the bowel, have been repaired with more uniform success than the lesser tears. It is possible that this may be accounted for on the supposition that the gravity of these conditions impels one to take greater precautions in making the operation.

DR. HAROLD T. CLAPP—*Mr. President*:—I desire to add my testimony to the value of strychnine and pilocarpine with forced feeding. Four cases under my care, three of whom had previously been unable to nurse their infants, were put upon the treatment mentioned and enabled to secrete a good supply of milk. The only case was in my own family and was equally successful, though so good an example of the treatment as the other cases, since it was a first lactation.

Dr. Knowlton in his remarks spoke of the vomiting of pregnancy as being sort of a prophylactic against abortion. For my part I cannot understand how this can be, for the expulsive action given to the pelvic viscera by vomiting would appear to me as a predisposition rather than a preventing cause of abortion.

If vomiting and nausea be physiological, why then does the speaker give strychnia and quinine? Why not be consistent and give nothing? As to the effect of drugs upon the milk of nursing mothers, authorities differ, some claiming that they have no particular action upon the secretion of milk, while others equally emphasize claim marked results from the use of medicinal substances. It would appear that this subject needs further investigation.

DR. C. F. DUTTON—*Mr. President*:—There is more "Post partum propter hoc" conclusion in regard to the treatment of the vomiting of pregnancy than of any other condition with which I am acquainted. A pregnant woman vomits. We give our medicine. She stops vomiting. We conclude the medicine has wrought a cure. She continues to vomit. We give something else and that works a cure, and so we have another remedy. The fact is, that nineteen times out of twenty the vomiting ceases anyway, and the patient gets along as well or better without medicine as with it. The twentieth time it continues in spite of any treatment; and so we find in the great majority of cases that the long lists of remedies recommended for this condition are useless.

I believe with my friend Dr. Knowlton that the vomiting of pregnancy may be a healthful physiological act. Certainly pregnancy is physiological, and for the most part needs no medical treatment. If a pregnant woman is sick, treat her as the special trouble demands. If she is not sick, let her alone. As to the food and drink of pregnancy

nant women, the ordinary principles of common-sense should apply. Give good, wholesome, nourishing food and plenty of it. Slop feeding of nursing women is bad.

As to increasing the amount of the mother's milk when it is deficient, it is well to inquire what makes milk. Galactogogues, so-called, won't produce milk. Ale or beer, so often recommended, won't make milk. Milk is manufactured in the mammary glands directly from the blood, and the blood should be enriched with good beef, eggs, milk and cereals, used freely as food, with plenty of pure water for drink.

DR. J. PERRIER.—With regard to the vomiting of pregnancy, it may occur at the beginning and continue up to the third or fifth month, when it may cease, or it will sometimes persist throughout the whole term. In some women it is incredible how little effect it has on the general system, while in others it causes great prostration and emaciation.

I have usually found when the vomiting is excessive and persistent in spite of remedies, at about the fourth or fifth month, that it is aggravated if not caused by retroversion of the uterus; and when such abnormal condition was rectified it was invariably followed by relief. When persistent under other conditions, and not yielding to the usual internal remedies, a small blister applied over the epigastrium will, as a rule, completely control it and prevent its return.

In cases where secretion of milk is scanty or absent I have used pilocarpine with some benefit, but not with the brilliant results obtained by Dr. Tuckerman. I am inclined to think that the forced feeding recommended in connection with the pilocarpine treatment may have something to do with the success of the medicine, together with general tonics. Age, I believe, has a good deal to do with an abundant flow of milk. I have noticed that primiparæ from thirty to thirty-five or over hardly ever have sufficient milk, in spite of all efforts to increase it, to properly nourish an infant, and generally have to resort to artificial feeding.

With reference to the care of the nipples previous to parturition, I believe too little attention is paid by most women to that very important point. In many primiparæ a crust exists on the apex of the nipple which, if not softened and removed before the birth of the child, will be forcibly withdrawn by suction of the infant's mouth in its first efforts at nursing, leaving a raw surface which becomes very painful and difficult to heal. I am in the habit of recommending patients to use, for two months previous to parturition, equal parts of glycerine and rose-water on the nipples.

DR. J. H. SAWYER—*Mr. Chairman*.—We are all aware that most of the disturbances of pregnancy are physiological in character, and within certain limits demand little or no interference. It is when they become pathological, when the sympathetic vomiting

develops a gastritis or the functional perversion continues until is in jeopardy, that we are called upon to interfere; and sometimes our efforts prove unavailing.

Two or three cases that I call to mind will illustrate this. On excessive vomiting where failure attended all measures for relief though aided by the advice of eminent counsel. The arrest of gestation was deferred until too late, the patient dying of exhaustion.

In another case the vomiting continued into the sixth month. She had been under the care of a homœopathic physician, who was keeping her on a diet of egg-nog. The case when seen by me was marked by very rapid pulse, complete loss of strength and extreme emaciation. Hypodermics of morphine and rectal feeding brought relief, no food being given by the stomach for several days. I all remember Watson's account of the lad who could not take a teaspoonful of milk but could one. With this in mind I began giving very small quantities, gradually increasing until flesh and strength were regained. The patient was delivered at full term making a good recovery.

Within two weeks I was called to a case whose appearance shocked me by the excessive œdema of the face and limbs, the latter so swollen as to make walking painful. She complained of lassitude and headache. She was passing a pint and a half of urine in twenty-four hours. Urates but no albumen were found in the urine. Under these conditions I feared eclampsia, which, as you know, is not the result not of albuminuria only, as formerly believed, but by retention of excrementitious substances (ptomaines) which should be removed by the eliminative organs. She was ordered potash bitartrate and a diet of skimmed milk. Under this treatment the urine doubled in quantity, the œdema lessened, the headache disappeared and we hope for a safe confinement.

NOTE.—She has since been safely delivered.

DR. TUCKERMAN.—I am sorry to see a gentleman of Dr. Power's standing take the ground that little if any result can be hoped for by remedies in cases of deficient lacteal secretion. It is this therapeutic nihilism on the part of men prominent in the regular profession that has helped irregular medicine to gain such a foothold in this city. We have reason to believe in positive therapeutics. Dr. Dutton outlines those cases where increased flow of milk has followed the treatment outlined, are simply cases of the *post hoc ergo propter hoc* fallacy. Where a woman has lost two or three children in succession because she had no milk and they could not thrive on artificial foods, and where, when the breasts showed no more signs of secreting than on previous occasions, but following the local application of electricity or the exhibition of pilocarpine internally according to the method which has been outlined, together with the free ingestion of food containing more or less nourishment, the breasts have taken up abundant functional activity.

It would seem hardly logical to assume, as these gentlemen are inclined to do, that such cases must necessarily fall into the "*post hoc*" category. Notwithstanding their skepticism, I still adhere to the position that the breast is no exception to the rule that glands can be stimulated to increased functional activity, and that the plan outlined will, if followed out faithfully, give satisfactory results in almost every case. As to Dr. Friedmann's question whether I would recommend weaning in case the mother were tuberculous or had acquired syphilis, it would seem that until its first dentition the child would be more likely to successfully digest whatever bacilli might be in the mother's milk or to respond kindly to anti-syphilitic treatment than it would be to live through its first dentition on artificially prepared foods; so, unless the mother's milk was palpably disagreeing with the child; I would not recommend weaning.

CUYAHOGA COUNTY MEDICAL SOCIETY.

At the regular meeting held on May 3, the society listened to an address by Professor Gad on "Recent Progress in the Physiology of the Central Nervous System," illustrated by charts and blackboard sketches.

At the foundation of the study of the relations of nerve fibers and cells lies the discovery of Waller, that the portion of a nerve fiber separated from its connected cell by division of the fiber, degenerates, while the part between the cell and the point of division is not affected. The investigations of Waller and others, founded on his method, have shown that every nerve fiber originates and has its nutritive source in a nerve cell, and is essentially a prolonged nerve cell process and an integral part of the cell itself.

The investigations of His and others explained the method of origin of fibers, in some cases the fiber being the prolongation of a single cell process, the axis cylinder process, in other cases being formed indirectly by the union of a number of cell processes to form a single fiber. The efferent, or centrifugal, fibers of the anterior root of the spinal cord have their origin each in a single process of a cell in the anterior horn of the cord, while those of the posterior root, which are afferent, or centripetal, fibers, originate in the spinal ganglia, each cell of the ganglion giving rise to a branched fiber, one branch extending peripherally, the other passing to the posterior horn of the cord. These centripetal fibers, extending into the cord, terminate in a fine ramification, or network of fibrils, which is closely interlaced with a corresponding network formed by the ramification of the cell processes of the motor cell, as is shown by Golgi's method of staining with silver salts. The afferent terminal fibrillation is in close relation with that of the cell, but there is no direct continuation of fibers, and the transference of impulse from

afferent ending to cell is by some means other than direct action. This is shown by the fact that the time required for transference of an excitation wave from nerve to cell is much greater—about twelve times—than would be required for transfer through an axis cylinder. The transference probably depends on chemical action, the excitation in the terminal network setting a chemical process in the intervening neuroglia, with the formation of some product which, in turn, acts on the interlaced fibrils of the corresponding cell network and renews the excitation wave.

Afferent nerve fibers entering the cord are found to send branches upward and downward to other segments of the cord, thus standing in relation to and influencing efferent cells at varying heights. This aids in explaining co-ordinated reflexes in the various nerve muscle groups of the different parts of the body.

The fibers from the cells in Clark's columns run through the direct cerebellar tract to the cerebellum, their function probably being co-ordinative, connected with the preservation of equilibrium.

It is now known that there are no direct fibers from the brain through the cord to the periphery, but that the excitation wave passes, in all cases, through the cells. We know, also, that the excitation wave through the fibers of the posterior root passes through the cells in the ganglion, by finding the time of reflexes from stimulation at a point without the ganglion much greater than when the stimulation is between the ganglion and the cord.

The action of inhibition in general is explained by the existence of a similar relation of the motor cell to the central inhibitory nerve termination, as to the afferent exciting nerve, by means of Golgi fibrillation, and the supposition that the chemical action determined by the inhibitory fibrils counteracts that of the afferent ending.

Dr. Sihler stated that his experience with Golgi's method of stimulation had been unsatisfactory and he questioned its effectiveness and value.

Professor Gad, in reply, said that the method had imperfect results but that his own study of the specimens of Koelliker and others had convinced him of the reliability of the conclusions drawn from them in so far as he had already stated them in his remarks.

Dr. Aldrich opened a discussion on "The Functional Diseases of the Climacteric," taking the ground that connection between conditions often found at this period of life in women and physiological changes occurring at the same time is accidental and not causal.

Dr. Quirk maintained that the changes which occur in the generative organs and functions at this period are productive of pathological conditions, and that this relation should be recognized for proper methods of treatment and satisfactory results.

F. K. SMITH, M. D., Sec'y.

MEDICO-LEGAL SECTION OF THE CUYAHOGA COUNTY
MEDICAL SOCIETY.

At the regular meeting, May 10, Mr. C. M. Vorce presented the subject of the discrimination of blood stains by microscopic measurement of the corpuscles, in an elaborate and interesting paper. Human blood and that of the dog were especially considered, and the measurements and conclusions of all who have done work of importance in that field were given and comparisons made.

In the discussion Dr. Tuckerman called attention to the fact that a personal equation exists, which influences the results of microscopic measurements, as in astronomical observations, and must be taken into account in comparing the results of various observers in absolute measurement.

Mr. Vorce said that a still more important consideration in comparison of absolute measurements is the fact that each one uses his own method and style of apparatus, and scarcely any two would work in the same way.

Dr. Baker said that operating ophthalmologists recognized a personal equation of a kind such as mentioned by Dr. Tuckerman, in comparing results in series of operations.

Mr. Vorce exhibited a number of specimens of blood stains under the microscope.

F. K. SMITH, M. D., Sec'y Pro tem.

CRAWFORD COUNTY MEDICAL SOCIETY.

The Crawford County Medical society held its annual meeting in Bucyrus, May 10th. This society was organized one year ago and now numbers twenty-four members. Increasing interest has been manifested, and now the active members feel assured of future success. During the year, the society has been favored with the presence and help of Dr. J. F. Baldwin, of Columbus; Dr. Thad. Reamy, of Cincinnati, and Dr. A. P. Buchman, of Fort Wayne. The latter gentleman read a paper at the last meeting, on "Catarrhal Diseases of the Intestinal Tube," in which he spoke highly of the use of large quantities of hot water drunk an hour or more before each meal, which at first consisted of beef muscle finely divided and broiled; later in the case he allowed a more generous diet. Dr. Buchman reported a number of cases treated by this method with gratifying results.

Papers were also read on "Urinalysis," by E. M. Rininger, of Chatfield; "Diphtheria," by H. L. Vannata, Seal; and "The Doctor and His Patrons," by Dr. H. S. Bevington, Sulphur Springs. The next meeting will be held at Knisely's Springs, in July. Dr. H. S. Bevington was elected president, and A. M. Duncan re-elected secretary and treasurer.

A. M. DUNCAN, M. D., Sec'y.

CORRESPONDENCE.

LETTER FROM LONDON.

"Good sir, reject it not, although it bring
Appearances of some fantastic thing
At first unfolding!"

In casting about for a title for the communication about to be
inflicted on the medical reader, I naturally recalled some read in
past and in turn considered and rejected the following, which
might have been, if they were not, their titles: "What the En-
glish Think of Me and My Methods;" "The Immense Superiority
of Almost Everything European over Almost Everything
American;" "The Wonderful Advantages I am Enjoying
Prosecuting My Specialty," etc., etc., and chose rather that all
be displayed; and as to the title and as to what follows it,

"If the world like it not, so much the worse for them."

SEASICKNESS.

After a recent voyage, seasickness is a subject which naturally
comes up. It may be to others, as it was to me, a kindness to draw
attention to a series of articles which appeared recently in the
New York Medical Journal, entitled "Recent Studies in Naupathia
Seasickness, Symptomatology, Diagnosis, Pathogenesis, and Treatment
by a New and Efficacious Method." It was written by
Winslow Warner Skinner, who, as ship's surgeon on several trans-
atlantic lines, had taken advantage of many opportunities to study
the disease. A complete synopsis of his paper is too long to in-
clude here, but the conclusions upon the pathogenesis and treatment
are of most interest. They are as follows:

"1. The principal symptoms of naupathia result from the lowering
of the patient's arterial blood pressure. This is a condition
sine qua non of their development.

"2. Seasickness in a person otherwise healthy and not too aged
is promptly curable in the vast majority of cases.

"3. Even in aged persons, or in persons having certain affection
of the circulatory apparatus, there is often amelioration of the general
condition by the employment of the new method of treatment.

"4. The treatment consists in the hypodermic injection of from
half a milligramme to a milligramme of atropine sulphate, associated
with a milligramme of strychnine sulphate (or nitrate), dissolved in
a cubic centimeter of distilled mint water.

"5. The administration of these eminently toxic substances re-
quires a great degree of attention, prudence and supervision on the
part of the physician, who alone should be the judge of the opportunity
of their administration and of their dose in each individual
case. Given at proper times and in suitable doses, however, no
harm whatever will follow their administration.

"6. The sympathetic nervous system plays a preponderating role in the causation of naupathia.

"7. Naupathia, or seasickness—an affection without known anatomical lesions, and of which the predominant symptoms have their origin in the nervous system, and especially in the sympathetic or ganglionic nervous system—ought to be regarded as a *neurosis of the sympathetic*.

"8. This neurosis may recur during the course of a long voyage, but each attack is almost always amenable to the same treatment."

I have long believed that seasickness originated in the blood supply to the brain, and desire to add that in my recent personal experience, which, though short, was quite as long as desirable, this treatment gave prompt and marked relief.

"DEATH BY MISADVENTURE."

A case which recently died at London Hospital may serve for a text to allay the fears of persons alarmed over the accidental swallowing of a coin, a button or a pin. The coroner's investigation in this case showed that the deceased had made his living more or less during the last seven years by going out of evenings to the public-houses, or, as we would say, saloons, and eating bottles and all kinds of things. The witness said she had known him to eat bread, cheese and pickles and after that the saucer. She said she had a little pail to fill the copper with, and he told her if she would give him a shilling he would eat that. The coroner asked whether he drank as well as ate, and the witness replied that he never came home sober. The man, Owen Williams, walked into Whitechapel Infirmary one afternoon, but became so ill that he was sent to London Hospital that same night at midnight, where he was found to have intestinal obstruction. Celiotomy was performed, and in the intestines were found twenty-five pieces of cork, twenty pieces of tinfoil, a leaden bullet, a piece of string eighteen inches long with corks attached, eightpence in bronze, a piece of leather nine inches long with a hook attached to each end, several pipe-stems, and portions of newspaper. A piece of tinfoil and one of the hooks had perforated the intestine and set up peritonitis. He died on the evening following the operation. The man told the house surgeon that being hard up he had taken that means of earning a living, and gave a long list of articles he was accustomed to swallow, including chains, sovereign purses, French coins, half-pence, etc. The coroner's jury gave the following verdict: "That the deceased died from peritonitis following perforation of the bowels caused by a piece of tinfoil and a hook, which with other indigestible things he had swallowed for a reward, death being due to misadventure."

MEMORIAL TO THE LATE SIR ANDREW CLARK, BART., M. D.

The public meeting which was held in Prince's Hall, on May 3rd, in furtherance of the project to erect at a cost of twelve thousand pounds, a memorial building in connection with London Hospital,

in honor of the late Sir Andrew Clark, was regarded here as a demonstration. It is hard for a citizen of our democratic republic to conceive what a high value is set upon the patronage of those elevated positions under a monarchy. At this meeting it was to observe that it was because the meeting was presided over by the Duke of Cambridge and because Mr. Gladstone was present and spoke, that it was regarded as such a distinguished success and such notable honor to a good physician. In fact, many of the London dailies headed their accounts of the meeting, "Speech by Gladstone," and said very little about the meeting or Sir Andrew Clark except as affording Mr. Gladstone an occasion to make a speech. However, as it happened in this instance, the Honorable Mr. Gladstone is a very honorable and very remarkable gentleman aside from having in his time been Premier, and the Duke of Cambridge being president of London Hospital presided at the meeting and did it perhaps as well as another would have done. He is a bluff old party with white mustache and burn-sides, and a hoarse voice. After stating the object of the meeting he called upon Mr. Gladstone, who sat leaning with his left hand upon a stout walking stick and holding his right hand to his ear trumpet-wise. Mr. Gladstone spoke sitting, and could be heard in all parts of the hall while some of the speakers twenty years his junior failed to make themselves heard. This was his first public appearance since his retirement from office. He was greeted and frequently interrupted by cheering, and as what he said was the testimony of a great statesman and scholar to a worthy member of a great profession, and that profession at large, it may be of interest if I here reproduce at least a portion of it:

"I will make no apology, after the words that have fallen from your Royal Highness, for availing myself of the permission which has been kindly granted to me to say, without rising from my seat, the few words that it may become me to say on the present occasion. I am very glad—not now for the first time, nor the second, nor perhaps, the tenth or the twentieth time, to meet for a great purpose under your Royal Highness's auspices, and I will say with great confidence that I do not believe you ever gave the advantage of your countenance and of your high position to a worthier cause than that which has brought us together to-day. For my own part, if it be with some small effort that I have come here to offer my humble share in the proceedings of the day, I must say that to have been absent from them, to have missed the opportunity of bearing my testimony to the noble life of Sir Andrew Clark, would have been a standing grief and mortification. I have the honor to address an audience which is composed, I have no doubt, in no inconsiderable degree, of Sir Andrew Clark's brethren in the medical faculty to which he belonged; and in truth, although Sir Andrew Clark himself was a person whose name constitutes in itself an ample warrant and apology for a large gathering such as that which

before me, yet I feel also that this occasion is one which associates itself with the profession at large. Undoubtedly it was to me a matter of most lively satisfaction when I observed, as the whole world must have observed, on the death of Sir Andrew Clark, the thrill of affection and interest which ran through the whole of that great body; the sense of the heavy loss they had sustained, and the desire to render some worthy and adequate testimony to such a memory as that of Sir Andrew Clark. The profession itself is one with regard to which it is impossible, I think, not to be conscious that great as has been its position in our generation, and in some generations previous, it is a position continually advancing and continually rising."

He then alluded at some length to the history and standing of the profession in centuries past, compared them with the present, and proceeded:

"It appears to me that it was most eminently desirable that in a time like this men such as Sir Andrew Clark should rise to the head of the profession, for, after all, we require something more than knowledge, something more than skill. We require a great devotion to the purposes of the profession, and that devotion never, I think, was exemplified in a more remarkable manner than in the career of Sir Andrew Clark. I remember a small incident when Sir Andrew Clark had been spending his well-earned vacation at a residence which he temporarily occupied in Scotland. When the few weeks which he allowed himself for retirement were nearly exhausted, a friend came to him and supposed he was paying an excellent compliment when he said, 'I condole with you, Sir Andrew Clark, on the approaching close of your vacation.' Sir Andrew Clark looked at him, and said, 'Sir, I love my profession.' He did love his profession; his whole heart and soul were engaged in it. He loved it with a sincere and chivalrous devotion. We need not say the age of chivalry is altogether past as long as we have men among us of the type of Sir Andrew Clark. There was no faculty, and there was no portion of his time which he did not devote with the whole strength of purpose he could command to the great work before him, not merely in the attainment of knowledge, but in the application of that knowledge to the diminution of human suffering. I think the profession, if I may presume to say so, has done well in determining that Sir Andrew Clark might in the present age be taken by common consent as a typical man, representative of all that is best and noblest in the profession and in its purposes. In every calling there is something more, I would almost, perhaps, say something more important, required than knowledge and capacity, and that is character. The position of medical men is one which brings them more and more within the intimacies of the family circle, which brings them more and more into the confidence of those for whose benefit they are consulted; and in order that they may be worthy of that confidence and may turn it to account, it is not requisite

merely that they shall have studied with fidelity and even v
ardor the difficult subjects to which they have devoted their mi
but it is requisite that all the qualities which give force and we
to character should be exhibited by them in conjunction with t
professional skill. I cannot but hope, on a day like this, that
proceedings will be read extensively throughout the country,
especially—and I am quite certain they will be—everywhere
by members of the medical profession. Though some are advan
in life, many also are very young, and I rejoice to think what
honor, benefit and privilege it is to the young members of the p
fession to be called upon to contemplate a career and character
that of Sir Andrew Clark. Dr. Church has given us the advanta
in a tract which has recently been published, of a most in
esting sketch of that career. He has shown how, in the case of
Andrew Clark, the boy was father to the man. He says that in
very early days, when he was the merest youth in the town of D
dee, and in the very first and initial stages of his career, he at
time first acquired his deep love for the profession; and second
that a profound sense of religion, which attended him through
whole life, which supplied him with its guiding principle, and wh
produced in him this singular result, that when his mind had b
occupied and absorbed in the arduous questions continually brou
before him in the course of his practice, it was his delight to
recreation, not in trifles and frivolities, but in betaking himsel
the consideration of diviue things. It would be great impertine
and presumption on my part if, in moving this resolution, I w
not to observe what is the portion of it to which I am in any deg
competent to speak. The resolution is: 'That, in recognition
the great services rendered to the community by the late Sir And
Clark, Bart., M. D., a memorial be established which shall per
uate his name and his work.' It is not for me to give opinion
the medical eminence and skill of Sir Andrew Clark, but I m
record my sense of the benefits that I have derived from them.
may say that I have come here to fulfil an office and to pay a trib
not only of duty and of respect, but of gratitude and of pers
affection."

The distinguished speaker then described with what patie
thoroughness and assiduity his physician had watched over
health, and related that Mrs. Gladstone was among the first, s
thirty years ago, to recognize the qualities of the great physicia
Sir Andrew Clark, and closed his address as follows:

"I trust that the results of this meeting will show that Sir And
Clark is not forgotten, and that there is a desire on the part of
profession, on the part of that large number of persons who h
profited by his skill, and on the part of many members of the c
munity at large, that such a name shall be commemorated among
[Cheers.] Sure I am that whatever happens, whatever may h
been the past advances of the medical profession—and they are g

—whatever may be the future advances of that profession—and in all likelihood they will be greater still—there never will come a time when that profession will not be justly satisfied and glad to have recorded in its annals a name such as that of Sir Andrew Clark.”

Among those on the platform were Cardinal Vaughan, Lord Brassey, Lord Kinnaird, Mr. Herbert Gladstone, M. P., Mr. S. Montagu, M. P., the Chief Rabbi (Dr. Adler), Canon Wilberforce, Sir James Paget, Mr. Jonathan Hutchinson, Sir John Watson, Sir Spencer Wells, Sir John Ramsden, Dr. Stephen Mackenzie, Dr. Sansom, Dr. Gilbert Smith, Dr. Russell Reynolds, and a large number of other members of the medical profession, and a number of “Sirs” and other titles that I can’t remember. Letters of apology were read by the secretary from Professor Huxley, the Bishop of Ripon, the Earl of Meath, Lord Rothschild, the Dean of Westminster, and a number of marquises and earls. Mr. Hutchinson, Cardinal Vaughan, Canon Wilberforce and others also spoke briefly.

TOMBSTONE LITERATURE.

Well, this is a queer old town. One can hardly go out with his eyes open without observing some oddity. The other day, returning from a visit to the Northeastern Hospital for Children, I happened upon a mouldy-looking old graveyard, all built around with factories and huge brick buildings, and sauntered in. It proved to be the famous Bunhill Fields burial ground, where are the tombs of Daniel DeFoe, of John Bunyan, of Isaac Watts, of Henry, Richard and William Cromwell, of the mother of the Wesleys, and of other worthies of that time, and some of the stones had very curious carvings and inscriptions. But one, I fear, attracted my notice more than all the others, and never having seen it mentioned in print, I give it as an odd specimen of tombstone, if not of medical, literature. The stone was a block, perhaps four or five feet long by three or four high, with a sloping top like the roof of a house, placed on a stone foundation and inscribed in queer capitals upon one side as follows :

“ Here lyes Dame Mary Page
Relict of Sir Gregory Page, Bart.
She departed this life March 11, 1728
In the 56 year of her age.”

Upon the other side was carved the following :

“ In 67 months she was tap’d 66 times
Had taken away 240 gallons of water
Without ever repining at her case
Or ever fearing the operation.”

But my letter grows to a tiresome length and I’ll not be at home to boil it down. If there are not too many subscriptions dropped on account of this effusion, you may hear next month from this benighted “neck o’ the woods.”

S. W. KELLEY, M. D.

CLEVELAND MEDICAL GAZETTE

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchange please notice that the GAZETTE office has been moved from 143 to 122 E. Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of each month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

MEDICAL EDUCATION IN THE WEST.

Professor W. S. Chaplin, Chancellor of the Washington University, at the last annual meeting of the Harvard Medical Association said :

“I have noticed that I am the only patient present at this meeting and I have wondered why I should be here. But, considering the matter somewhat carefully, it has occurred to me that it was proper that St. Louis should have a representative on this occasion as St. Louis has the very proud distinction of being the city in the Union which has the greatest number of medical schools. (Laughter.) It now delights in eleven. (Laughter.) It has had many medical schools which have died on the way, and the number eleven survivors have examined with a good deal of care to ascertain why medical schools in the West should multiply—for all over the West there is this tendency to multiplication—and it seems to me it comes

several reasons, the principal of which is, first, the fact that people do not understand what science, education, culture, such words as those, mean. When we can get them to understand that science means something, and give them an idea more or less definite of what it means, then we shall get them to study science.

"There is another reason which I mention with the greatest diffidence here, but it seems that the etiquette of the medical profession has drawn the lines in one respect, perhaps, too closely. If a physician starts with the determination—and it seems to me a great many have this determination—to make himself a specialist, how shall he ever make it known? If he puts it on his sign or on his card, he at once drops from the ranks of regular. The only way left to him to announce his specialty is to get himself put down as professor of that specialty in a medical school. Don't think for a minute that these many medical schools in the West have been established for purely pecuniary reasons. The doctors do not make enough out of them certainly to pay for the work which they put into them. They might make more money, probably, by sawing wood the same amount of time. They do it in order to establish themselves as specialists. They have no other reason. Is this not a case where you have put on too much restriction in one direction?

"And that has produced an abnormal growth in another direction. If you look into the history of these medical schools, you find that there was a time when there was but one medical school. Some fifty years back in St. Louis, I believe, there was just one. Then, by a process which the naturalists understand perfectly, by the growth of a kind of septum across the medical school, suddenly there were two medical schools equipped fully, and those two medical schools were running in the most violent opposition. Here in the East, I understand, the medical profession have none of these differences and troubles; but in the West every medical school means a new set of mutual admirers. The professor of ophthalmology sends all his cases of surgery to the surgeon who is connected with his medical school. Go into St. Louis to-day, and you find just eleven sets of men who generally recommend and send all their patients to the men connected with their own schools. I do not despair of medical education in the West. I hope there will be constant and rapid deaths among the medical schools. The condition is certainly a disgusting one, when viewed from the point of education.

"You, of course, will not expect me to discuss medical education. You will allow me to say, however, that the very best thing this school or any medical school can do to advance medical education in the West is to advance as rapidly as they can themselves. In the West they catch ideas very quickly. If they see a thing done in the East they are very likely to do it in the West. In our eleven medical schools we have representatives of all stages of medical education—one year courses, I believe. Mr. President, as far as I

can find out from studying books, that the old-style two-course system of instruction—that in which the student in one year heard lectures, and the next year heard the lectures again—which, I think, went out in the Harvard Medical School some twenty years ago—that, I believe, dates back to the medical school of Salerno in the year 1100 (I may be wrong about that, but, at any rate, in that school at Salerno a student was required to hear the same lecture twice, once to get his notes, and the second time to see whether his notes were correct or not) [laughter]—that has been perpetuated in the East and there are examples of it still in the West. Then from the East stage we go up to the three years' course, which was adopted in the United States a few years ago—some three or four years ago. It was simply to keep up with eastern schools. If the schools advanced to a four years' course here, they will soon have one in the United States. The four years' schools, if you care to look at the map, you will find are distributed along the Atlantic coast. You will find one at Chicago. You will find, then, one on the Pacific coast. These are the four years' schools. From those four years' schools the four years' schools will follow."

MEDICAL EDUCATION IN SCOTLAND.

The Post Graduate says a most interesting account of medical education in Scotland has lately been published in one of the *Scientific American* reviews. What is not sufficiently well known in New York is plainly set forth, namely, that Edinburgh has risen in the last few decades to be the foremost medical school for under-graduates in the civilized world. We say this advisedly, not excepting Vienna and London. As to London, Edinburgh is easily ahead of it, and of Paris this is also true. She seems also to be in advance of Vienna, except in the single matter of post-graduate instruction, where the Austrian capital, as yet, has the lead.

It is most interesting reading, this account of the triumphs of the Edinburgh school, with two such men as the two Munros, Simon Stearns, Syme, Ferguson and Lister. This list comprehends very few of the names that should be mentioned, for there is probably no other school of medicine whose history exhibits a larger galaxy of eminent teachers than does the Edinburgh school.

The extramural medical teachers of Edinburgh were those who were without official appointment, but who taught private students here and there, and who finally forced the staid old university

recognizing their claims, allowing them to teach and counting their teaching as good for a degree. It was by this means that the tremendous advance of Edinburgh was achieved. More than two thousand students now attend the course in the university and in the medical schools of Edinburgh.

The Scotch capital made this great advance by allowing men to teach medicine on any subject in which they thought themselves competent, and if they succeeded in holding classes they were recognized and paid. Absolute free trade in medical instruction was the cry which led to this great success. There were sometimes a dozen men teaching surgery, and another dozen anatomy, and so on. Until very lately the university professors only received salaries, without reference to the number of their students. But they were pressed so hard by the extramural men, that an arrangement has finally been made where a university professor will have a minimum and maximum salary, according to his popularity. Inasmuch as extramural men may become university professors, this is not unfair. Anatomy still remains a great field of instruction, and many men go there from our own country to perfect themselves in this branch of science.

OHIO STATE MEDICAL SOCIETY.

We regret that our report of this meeting was not received in time to appear in this number. It will be published in the July GAZETTE. Dr. D. N. Kinsman, of Columbus, was elected president; Dr. Thomas Hubbard, of Toledo, was re-elected secretary, and Dr. J. A. Duncan was also re-elected treasurer. No better selections could have been made.

OHIO STATE PEDIATRIC SOCIETY.

Dr. G. M. Clouse, of Columbus, Ohio, has been much interested during the past year in the organization of a State Pediatric society. On the seventeenth of May, at Zanesville, this organization was completed as follows: President, Dr. S. L. McCurdy, of Dennison; vice-president, Dr. J. P. West, of Bellaire; secretary and treasurer, Dr. G. M. Clouse, of Columbus. A committee on constitution and

by-laws was appointed. There were enrolled about fifty members from various parts of the state. The next meeting held in Columbus, May 15, 1895, in the morning of the first session of the State Medical society.

Several Cleveland doctors have already joined the society. It has seemed to us that such an organization could best secure the interest of the profession by becoming a section of the state society.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

ESSENTIALS OF PRACTICE OF PHARMACY. By Lucius E. Sayre, Professor of Pharmacy and Materia Medica in the University of Kansas. Crown 8vo., 320 pages. Price, cloth, \$1.00. Interleaved for notes, \$1.25. W. B. Saunders, Publisher, Philadelphia, 1894.

To the student of pharmacy or the druggist who is desiring to refresh his memory on the essential facts in his chosen profession, Professor Sayre's little book will prove of much aid. This new edition appears to be thoroughly abreast of the times.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. By C. B. Burr, M.D., Medical Superintendent of the Eastern Michigan Asylum. George S. Messersmith, Medical Publisher, Detroit, Mich., 1894. Price, \$1.00.

It is apparent upon a perusal of this primer of psychology and mental disease, that the author is perfectly qualified to write upon so important a subject. Not only will it afford profitable reading for members of the medical and legal professions, but intelligent lay readers can derive much useful knowledge from its pages.

ESSENTIALS OF ANATOMY, INCLUDING THE ANATOMY OF THE VISCERA. Charles B. Nancrede, M.D., Professor of Surgery and Clinical Surgery, University of Michigan, Ann Arbor; Corresponding Member of the Royal Academy of Medicine, Rome, Italy; Late Surgeon Jefferson Medical College, Philadelphia. Fourth edition. Crown 8vo., 380 pages, 180 illustrations. Enlarged by appendix containing over sixty illustrations of the osteology of the human body. The whole based upon the last (thirteenth) edition of Gray's Anatomy. Price, cloth, \$1.00. Interleaved for notes, \$1.25. W. B. Saunders, Publisher, Philadelphia, 1894.

If the student will thoroughly master the subject of anatomy clearly put forth in this admirable compend, he will have a firm foundation of the greatest value in the practice of his profession.

after years. Many of the illustrations are based upon those in Gray's masterly work, consequently are beyond criticism.

A MANUAL OF PRACTICAL OBSTETRICS. By Edward P. Davis, A. M., M. D., Professor of Obstetrics and Diseases of Children in the Philadelphia Polyclinic, Clinical Lecturer on Obstetrics in the Jefferson Medical College, Clinical Professor of Diseases of Children in Woman's Medical College, etc., etc. Second edition, revised and enlarged. With one hundred and forty illustrations, several of which are colored. Three hundred and fifty pages. Cloth, \$2.50. P. Blakiston, Son & Co., Publishers, Philadelphia, 1894.

This is really a good book, one, indeed, of the few which affords the reviewer an easy task in pointing out its superior merits. Being written in a clear, concise and accurate manner, of convenient size and moderate price, makes it apparent why a second edition should be so soon demanded. Everything of importance in the all-important domain of obstetric medicine and surgery is here presented in its most modern aspect. Neither student nor practitioner can afford to be without a copy of this practical manual, which we feel warranted in saying is unsurpassed, if equalled, by any previous book of its size on the same subject in the English language. As is usual with the publications issued by the Messrs. Blakiston, the book is faultless in make-up, being well printed, fully and handsomely illustrated and substantially bound.

AN ILLUSTRATED DICTIONARY OF MEDICINE, BIOLOGY AND ALLIED SCIENCES. By George M. Gould, A. M., M. D., author of "A New Medical Dictionary," "12,000 Medical Words Pronounced and Defined," "The Meaning and the Method of Life;" Editor of "The Medical News;" President, 1893-94, American Academy of Medicine; one of the Ophthalmologists of the Philadelphia Hospital. Including pronunciation, accentuation, derivation and definition of the terms used in medicine, surgery, anatomy, physiology, therapeutics, materia medica, dietetics, pathology, ophthalmology, otology, laryngology, gynecology, obstetrics, dermatology, pediatrics, legal medicine, psychology, climatology, histology, neurology, toxicology, etc., etc., and the various sciences closely related to medicine—dentistry, pharmacy, chemistry, hygiene, zoology, botany, electricity, bacteriology, parasitology, microscopy, veterinary medicine, etc., etc., based upon recent scientific literature. P. Blakiston, Son & Co., Publishers, Philadelphia, 1894.

It has been said with much truth that a physician's library is incomplete unless it contains a good medical dictionary. Such being the case, the question naturally arises as to what constitutes a good dictionary. To our mind, the volume under review, including as it

does the pronunciation, accentuation and derivation, as well as clear definition, of all words, both old and new, of any importance in medicine and the various sciences closely related thereto, for the necessary requirements for a first-class lexicon. It is safe to say that a more competent person for carrying out such a stupendous task than Dr. Gould is unknown to the profession of this country or any other for that matter, and the rich store-house of knowledge which he has produced will remain an enduring monument to his painstaking industry and acumen. Throughout the work are tables giving classified facts of the greatest value, both for study and reference. The illustrations are quite numerous and convey much important information. Evidently the publishers have spared no pains nor expense in their desire to produce a medical dictionary which would stand in the same relation to medicine that the "Century," "Webster's Unabridged" and the "Standard" dictionaries do to general literature; and that their efforts in this direction have been crowned with success, we believe the most severe critics will admit. We bespeak for this book a demand unprecedented in the history of works of a similar character heretofore published.

NOTES AND COMMENTS.

Dr. Unna's Plaster-Mulls.—Horatio R. Bigelow, M. D., in *Medical News*, says: Those physicians who are interested in dermatology, and are consequently familiar with the reputation of the works of the eminent specialist, Dr. P. G. Unna, Director of Heilanstalt für Hautkranke in Hamburg, will know that with Unna a favorite form for administering medicaments is the plaster-mulls. These plaster-mulls were originated by Dr. Unna, and have been used and favorably endorsed by many physicians, including such authorities as McCall Anderson, Janowsky, Robert M. H. Rison, J. C. McGuire, Edward Borck, Chotzen, Bulkley and others.

Plaster-mulls are an ideal improvement on the ordinary plaster-gauze; fine gauze is covered with the thinnest possible layer of gutta-percha, on which the medicament is evenly spread, properly dissolved in a minimum quantity of vehicle or base. The gutta-percha covers the skin-surface hermetically, prevents transpiration from the pores, and thus facilitates the deeper absorption of the medicament and enhances the specific therapeutic effect of the indicated remedy. The vehicle or base employed is non-irritant.

a solvent of the remedy. Of the latter, an exact amount or dosage is added, and being perfectly dissolved, every particle of the ointment surface will act equally; in other words, the plaster-mulls offer a sort of specific medication. A chief advantage, besides this exact dosage, is that the plaster-mulls are so thin, elastic and pliable, that they can be closely affixed to any portion of the body without cutting or patching. No artificial heat or other manipulation is necessary for applying these plaster-mulls; simply placing them on the surface requiring treatment, and holding them there for a moment, suffices to firmly attach the plaster to the skin, by virtue of the body heat.

While these plaster-mulls have come into extensive use in Europe, they have not been generally adopted in this country, principally for the reason that they have not been manufactured here and the importation from Hamburg was connected with difficulties, loss of time, etc. Recently, however, I have been enabled to procure a limited line of the most important medications of plaster-mulls, and I take early occasion to report my favorable opinion.

The medications which I have used are as follows: Salicylic acid, each roll 1 meter long by 20 c.m. wide (about one yard long by eight inches wide) containing 10 grams, which amounts to about one-thirtieth of a grain of salicylic acid to the square inch of plaster-mull:

Mercury, 20 gm. ($\frac{1}{15}$ gr.).

Mercury, 20 gm. ($\frac{1}{15}$ gr.), with carbolic acid 7.5 gm. ($\frac{1}{40}$ gr.).

Zinc oxid, 10 gm. ($\frac{1}{30}$ gr.).

Zinc oxid, 10 gm. ($\frac{1}{30}$ gr.), with tar 5 gm. ($\frac{1}{60}$ gr.).

Thiol, 10 gm. ($\frac{1}{30}$ gr.).

Resorcin, 15 gm. ($\frac{1}{20}$ gr.).

Salicylic acid, 10 gm. ($\frac{1}{30}$ gr.), with creosote 20 gm. ($\frac{1}{15}$ gr.).

Salicylic acid, 20 gm. ($\frac{1}{15}$ gr.), with creosote 40 gm. ($\frac{2}{15}$ gr.).

I have given up ointments almost entirely; they lack the neatness, elegance and efficacy of a well fitting plaster-mull. The general physician will find plaster-mulls of great utility.

In my own practice I am now employing these plaster-mulls wherever indicated, and it is my intention in a subsequent communication to furnish some clinical records confirming the good opinion already formed.

The Mississippi Valley Medical Association meets at Hot Springs, Ark., November 20, 21, 22 and 23, 1894. Xenophen C. Scott, M. D., Cleveland, Ohio, is president; F. C. Woodburn, M. D., Indianapolis, Ind., secretary. The general committee of arrangements is as follows: T. E. Holland, M. D., Hot Springs, Ark., chairman; J. T. Jelks, M. D., Hot Springs, Ark., assistant secretary; C. A. L. Reed, M. D., Cincinnati, Ohio; I. N. Love, M. D., St. Louis, Mo.; O. P. McCarty, Esq., St. Louis, Mo.; F. Chandler, Esq., St. Louis, Mo.; H. C. Townsend, Esq., St. Louis, Mo.; Chas. E. Ware, Esq., St. Louis, Mo.; M. A. Eisele, Hot Springs, Ark., chairman pharmaceutical exhibit.

The Toledo (Ohio) Medical College has been restored to "good standing" by the Illinois board.

Foreign Bodies in the Esophagus.—Cowgill (Am. Practitioner and News) reports five cases, in two of which the foreign body was grasped with forceps and withdrawn, and in two others pushed on into the stomach. In the fifth case a pearl button, two and a half inches in diameter and one-sixth of an inch thick, lodged in the upper portion of the esophagus of a colored girl three years of age. Attempts to extract under ether, repeated on four successive days, resulted in failure to remove the button by forceps and hooked retractors. The doctor then made an extemporaneous coin-catheter by cutting a groove in the olive point of an Otis urethral bougie. This was slipped past the button, the lower edge of which was caught in the groove, and with a steady pull the button was drawn out.—*Philadelphia Polyclinic*.

Statistics of the Attendance of American Medical Colleges.—Whatever may have been the fact as to the number of students of medicine at some remote period, it has not been true for the last half-dozen years or more that the number is (in relation to population) "relatively diminishing." At the sessions of 1893 the total attendance was 10,891—9245 regular, 1032 homœopathic, 614 eclectic. During the sessions of 1894 the attendance was 18,910—16,759 regular, 1410 homœopathic, 814 eclectic. The figures show gains in eight years of 73.6 per cent. in the total attendance—81.2 per cent. for the regular students, 30.6 per cent. for the homœopathic, 20.6 per cent. for the eclectic—an average annual increase of 9.3 per cent. during the period. The average annual increase of population during the same period was less than 2.5 per cent. So that instead of there being a diminution of students of medicine in relation to population, there is a relative increase nearly four times greater than that of population. As a matter of practical interest to the profession, it may be noted that there is an average increment of nearly 6000 new, home-made physicians every year, and that while the population increased 24.8 per cent. during the decade 1881-1890, the number of newly graduated physicians increased over 50 per cent. during the same period; last year, 1894, the increase was a trifle over 8 per cent.—*Med. News*.

The Lucas County Medical Society, lately organized and incorporated, starts out under very favorable auspices. Its existence had become a necessity in consequence of the increasing medical interests of the county in general and the city of Toledo in particular. That Toledo has a great future, no one doubts. That her importance as a medical center for this enterprising part of the United States will lead instead of follow in her general development, is more in doubt than the preceding. With the erection in the

two years of a large and finely equipped hospital, the second of its class in the city; its complete and efficient ambulance service; the perfection of our sanitary department under the present board of health; the establishment in the recent past of our splendid lunatic asylum, which is second to none in its working; the efficiency of its county infirmary; and last, but not least, the establishment of its only institution for medical instruction, the Toledo Medical College, on a recognized basis of deserved merit, Toledo is placed, medically, where it has long been commercially, a master of the situation.

For the accommodation of these increasing interests, the above society was founded. That it is meeting them is evidenced by the fact that between thirty and forty members have already joined. It is composed of representative men, is based on sound legal and business principles, and we predict for it a future full of usefulness, not only to its members, but to humanity at large. Its officers are: Dr. Jno. Wright, president; Dr. S. Forbes, vice-president; Dr. F. O. Hunt, secretary, and Dr. Waddick, treasurer. Its meetings are held the first and third Wednesday evenings of each month.—*Toledo Medical Compend.*

The Antiquity of Medical Degrees.—Says the London Lancet: The celebration, five years ago, of the Eighth Centenary of the founding of the University of Bologna, gave fresh prominence to the fact that she is not only the mother of seats of learning, but also of academic degrees. It was in the faculty of law that she first conferred the honor of graduation, "Doctor Legum" being the title to which Irenerius, the regenerator of the Roman juridical system and the virtual founder of the Bologna school "promoted the alumnus" who had attended the prescribed courses and passed the qualifying ordeal. Paris, still in the faculty of law, imitated the example of her Italian sister, whilst not till a century later did England follow suit. Medicine having, like law, assumed the dignity of a "faculty," began also to give the title of "Doctor," a word which is met with in that connection as early as the first century, when Suetonius relates of Julius Cæsar that he invested with the rights of Roman citizen "*omnes medicinam professores et liberalium artium doctores.*" From the earliest times the practitioner of an art, particularly that of medicine, was looked up to as its teacher. And so when the healing art, incorporated in the university system, handed on the torch of "light and leading" to its disciples, it did so by "promoting" them from "alumni" to be "doctores," equally qualified to practice and to instruct.—*Medical Times.*

A student at a medical college was under examination. The instructor asked him: "Of what cause, specifically, did the people die who lost their lives at the destruction of Herculaneum and Pompeii?" "I think they died of an eruption, sir," answered the student.—*Exchange.*

The Premature Administration of Mercury in Syphilis

Mr. J. Earnest Lane (*Lancet*) protests against the administration of this drug as soon as a chancre shows a tendency to indurate. In such a sore the induration may be inflammatory in its nature, due to the application of irritating substances, and treatment by local measures would be followed by healing. He believes it to be more satisfactory to await the appearances of some of the secondary sequelae which will render the diagnosis incontestable, and the chances of an eventual cure are improved. When mercury is administered early, the secondary manifestations are delayed, but when they appear they are of a chronic form and by no means amenable to treatment. These patients are prone to obstinate affections of the mucous membranes and of the iris, and they are liable at a late date to develop symptoms of cerebral syphilis. It is not conclusively proven that the risk of the supervention of tertiary symptoms is in proportion to the severity and prolonged duration of the secondary stage, nor should any attempt be made to abort or shorten this stage. Mercury should be withheld until the appearance of a roseola or some other secondary lesion, and then promptly and effectually administered, preferably by inunction.—*The American Journal of the Medical Sciences*.

“What is the subscription price of your journal?” “Two dollars a year.” “Is it intended for any particular class of doctors?” “Yes; it’s for those who have two dollars.”—*Atlanta Medical and Surgical Journal*.

The Cardiac Tonics and Their Indications.

—At a meeting of the British Medical association (*Revue General de Clinique et de Therapeutique*) Broadbent spoke of rest or moderate exercise, and of eliminative agents. He said that strophanthus seemed to be the typical heart- tonic, since it increases the power of the cardiac systole without modifying the contractility of the blood vessels. The author who appears somewhat partial to this medicament, asserts that failures reported at various times, regarding strophanthus in practical medicine, are due to the impurities of the preparations used. After strophanthus he places digitalis, adding that the former remedy sometimes acts from the first or second dose. He says that digitalis increases the elimination of liquids, while caffeine enhances that of solids, and hence the utility of prescribing these two agents in combination in order to obtain the same good effect that a large dose of digitalis would produce. Lander Brunton answered that digitalis is at the same time a cardiac and a vascular tonic, but it must not be forgotten that the principles of the drugs do not act in the same manner. Digitaline, he said, increases both the contractility of the cardiac muscular fiber and that of the coats of the blood vessels, while digitoin produces a contrary effect; thus, when in a cardiopathy there is an excessive constriction of the blood

sels, it is advisable to combine digitalis with *quasi*-dilator substances, as nitrous ether, for example. Alongside of strophanthus Brunton places the oxy-sparteine, which, like it, acts decidedly upon the heart, but not so much upon the vessels themselves. He believes that the best cardiac medicaments after digitalis are strophanthus and nitrous ether. The same author also insisted on the employment of muscular exercise in order to increase the arterial tension, but without putting strain upon the heart. In mitral disease, for instance, the rule is to have absolute rest, but in such cases massage is to be resorted to, a method by which the general nutrition may be increased without increasing cardiac muscular exertion. It is, then, useful to associate with massage passive exercise. Lastly, Brunton recommended, in the treatment of mitral disease, for example, the administration of blue mass during the night and jalap by day.—*University Medical Magazine*.

Miss Gillot: "There goes Professor Fox, the great scientist. I'd give a good deal to know what mighty problem he is thinking of now." Professor Fox (ruminating): "Let me see: I was to get three yards of tape, a pound of butter, order the coal, pay the butcher, and get some soothing syrup for the baby."—*Ex*.

Intestinal Antisepsis in Typhoid Fever.—As the putrefactions and other symptoms and lesions referable to the intestines are a large factor in the morbid syndrome of the disease, the importance of intestinal antisepsis becomes obvious. Bouchard may almost be regarded as the founder of intestinal antisepsis. He rightly reasoned that remedies to reach the intestinal mucous membrane must be insoluble in the stomach. He early experimented with charcoal, magnesia, chalk, bismuth, naphthol, iodoform, naphthalin, salol, salicylate of bismuth from the point of view of intestinal antisepsis. He obtained seemingly good results from powdered charcoal. He gave a tablespoonful every two hours. His statistics, based on more than three hundred cases, showed a mortality reduced from twenty or twenty-five to fifteen per cent. William Jenner used charcoal before Bouchard in teaspoonful doses two or three times daily. He said that this had given him such satisfactory results that he resorted to no other remedies.

Bouchard, in his last published utterance, gives his preference to beta-naphthol, which he thinks is the ideal remedy, given in doses of seven and one-half grains in capsules every three hours, till the stools are completely deodorized and disinfected. Five grains each of bismuth salicylate and beta-naphthol may be given in capsules every three or four hours.

Salol, which may be given in five-grain doses every two hours, combined with an equal quantity of bismuth subnitrate in chalk mixture, is open to the objection of being soon spit up. However, it is believed to be able to correct the fetor of the stools, control

abdominal pain, and arrest diarrhea. Oil of eucalyptus and oil of turpentine are both highly antiseptic. "More lives would be saved," says Professor H. C. Wood, "if the oil of turpentine were more freely used in this disease." The use of camphor has been highly commended by Dr. Janeway of New York. Thymol, clove grain and a half every six hours, has been used by Henry A. Testi with good results.—*Boston Medical and Surgical Journal*.

Exclusiveness of Regulars.—The Pacific Medical Journal thinks the fault of the non-union of schools is more that, of what they are pleased for want of a better term for their exclusiveness to call "regulars," than either Homœopaths or Eclectics. "The course of our medical schools," says the Journal, "to require a Homœopathic physician to attend the full curriculum before graduating is neither wise, logical nor reasonable. The Homœopath who has his diploma from a Homœopathic three years' school should surely be admitted for examination for our degree after one year's study. It can hardly be denied that the best Homœopathic colleges are as well equipped for teaching as our poorer colleges are, yet the graduates of our very poorest colleges have an equal footing in the professions with the graduates of the best." Homœopathic societies were originally established for the purpose of studying a speciality in therapeutics, which they at no time claimed, either in practice or name, as an exclusive dogma. For daring to exercise this freedom of thought they were kicked out of all communion with their professional brothers, and now, as a preliminary to a return of fellowship, must renounce all association with their old societies for fear, though admitted to be non-sectarian in practice, the fact of their holding a connection with societies having a sectarian name would make them appear sectarian. If old-school societies and medical school colleges would take an honest, manly course, teaching the physiological action of drugs in their colleges, and throwing open their scientific societies to the admission on equal terms, to all who believe and practice the catholicity of their profession, the dividing lines between schools would melt away within the next five years, and the distinctive names which marked the different schools would exist only in history.—*Medical Times*.

A Terrible Sanitary Mistake.—The Washington correspondent of this Journal telegraphed us in time for this edition as follows:

"WASHINGTON, D. C., May 1, 1894.

"'Coxey's army,' four hundred and thirty-seven men and their horses, fatigued and improperly and scantily fed, without shelter, camping in an enclosure sixty thousand square feet, recently drained, containing five decomposing manure dumps, and abutting James Creek. Foul smelling, open sewers and many filthy gutters, no shade, temperature about ninety at ten o'clock P. M. The he-

of 'army' and city is threatened. Several cases of diarrhœa are reported. The location is said to have been approved by district authorities after inspection."

We entirely disapprove of Mr. Coxey's misguided mission, but his deluded followers are human beings, and it would seem that with the noble hills all about Washington, some better place might have been found as a camping ground for these poor creatures than the most insalubrious spot in the District. The animals at the Rock Creek Zoo are better cared for.—*Jour. Am. Med. Ass'n.*

Phonographic Otitis.—A new competitor for public patronage has made his appearance during the last year or so at the street corners and unoccupied shops. He is the proud possessor of a diminutive machine provided with octopus-like prolongations which hang down gracefully along its sides and ends, and its very appearance is calculated to rivet the attention of the passer-by. This is the latest form of Edison's wonderful phonograph, which, after having for years been seen little of outside scientific societies and evening parties, has now been popularized on a large scale. It cannot be denied that the entertainment is well worth the price charged per *seance*. One has only to push the xylonite extremities well into the ears, and then on touching a spring one is treated to band music, orations, humorous recitals, and the whole, or part, of a very extensive *repertoire*, as per contrast. As a means of educating and amusing the public, nothing could be better, but every medal has its reverse, and the phonograph is not exempt from the common failing. Our attention was called to this "reverse" by several cases in which patients with catarrh and even suppuration of the external ear have dated the onset of the affection from their interview with the aforesaid phonograph. One hardly needs a medical education to appreciate at once the gravity of the risks incurred by pushing into one's ears a nozzle which has been used by a motley crowd, probably only a few instants previously. When one reflects upon the very large proportion of people who suffer from one form or another of suppurative disease, the danger, nay the certainty, of the transfer of the *materies morbi* is apparent. In many cases the matter thus introduced into so sensitive an organ as the ear is of such a virulent nature that no special predisposition is necessary on the part of the recipient to insure immediate irritation, followed in all probability by more or less serious local mischief. Every medical man is cognizant of the risks entailed by suppurative disease of the ear. So grave is it, even in comparatively mild cases, that life insurance companies usually hesitate to accept a proposal from anyone thus afflicted. Hence it is sufficient to call attention to the danger to insure that intelligent persons will think twice before listening to a public phonograph, though for the matter of that the risk is not materially less when the exhibition takes place in a drawing-room instead of at a street corner.—*Medical Press.*

Dr. A. P. Ohlmacher, of Chicago, who has for some years in charge of the laboratories of the College of Physicians and Surgeons at the latter place, has been elected professor of pathology and bacteriology in the Medical Department of the University of Wisconsin.

A Nobly Generous Doctor.—The *Congregationalist* states that Dr. W. Pepper, LL.D., after thirteen years' service, has resigned as provost of the University of Pennsylvania. A check for fifty thousand dollars accompanied the letter. It states also that he received during each year of service given from between twenty to thirty thousand dollars. Such beneficence deserves the highest approval.—*Jour. Am. Med. Ass'n.*

The Refractionist is the name of a new "journal of practical ophthalmology," issued from Boston under the editorial care of Francis F. Whittier, in association with Drs. R. J. Phillips, W. Southard, M. F. Coomes, W. E. Baxter, J. W. Park, E. M. M. Bourg. We are glad to see this new journal protesting in a practical way against the custom of opticians prescribing glasses. It announces that its advertising pages will not be open to such opticians. It is time the profession was aware of the injury to the public and to the profession by druggists, opticians, and instrument makers entering into open competition with physicians in the treatment of disease. Sooner or later that sort of thing must end. Will it not sooner?—*Medical News.* ●

Dr. Elijah S. Elder, one of the best and most favorably-known physicians of the state of Indiana, died at his residence, No. 1000 Christian avenue, Indianapolis, Ind., Saturday, May 19, only a few hours after he had been honored by an election as president of the Indiana State Medical society. He had been ill for several weeks but until within the last week, when his illness developed into peritonitis, he was not considered seriously sick.

Dr. Elder was born in Dillsborough, Ind., March 17, 1841. On his father's side, he is a descendant of a member of Lord Baltimore's party, which settled Maryland in 1634. Dele Elder, his great-grandfather, was a continental soldier in the revolutionary war. His mother's earliest ancestor in America was one of the Kerrs who came from England in colonial times, and were active patriots in the struggle for national independence. Dr. Samuel Fletcher Elder, his father, was a physician of distinction, and his mother, Mary Nancy Kerr Elder, was a daughter of David Kerr, one of the early settlers near Wilmington, Ind. In his early life Dr. E. S. Elder lived at Mount Auburn, Ind., where he received a common school education. When eighteen years of age he passed the examination for a teacher's certificate of the first class, and for two years taught school in Shelby county. For the next two years he was engaged in mercantile business at Mount Auburn.

During the war he held the position of United States provost-marshal for Shelby county and assistant provost-marshal for the Sixth congressional district. After studying medicine with his father, he entered the Medical College of Ohio in 1865, and two years later graduated, after attending two full terms. He then began the practice of medicine at Morristown, where he remained till 1875. He then attended lectures one year at the Bellevue Hospital Medical College, and received from that institution the degree of M. D., *Ad Eundem*, in 1876. In July of that year he went to Indianapolis, and has lived there constantly since.

Since he began the practice of medicine he has been a prominent and active worker in every movement in the state which tended to raise the standard of the science of medicine. He helped organize the Shelby County Medical society, and was its first vice-president. He became a member of the Rush County Medical society in 1870, was its vice-president in 1872 and its president in 1873-74, and was afterward made an honorary member. He became a member of the Indiana State Medical society in 1867, and was elected its secretary in 1879, which position he filled to the time of his death. Dr. Elder became a member of the American Medical Association in 1878, and has been one of its most active members. He has been successively secretary, vice-president and president of the Marion County Medical society. At the time of his death he was president of the Mitchell District Medical society, and also a member of several other medical and scientific societies.

For a number of years past he has been a leading spirit in the Medical College of Indiana, and it is largely due to his individual efforts that that college has reached its present high standing among such institutions. In 1876, one year after he went to Indianapolis, he was elected lecturer on diseases of children in this college.

In 1888 he was elected professor of principles and practice of medicine, and has successfully filled that chair since that time. In 1890 he was elected dean of the college. For many years past he has been on the staff of visiting physicians for the City Hospital and the City Dispensary. From 1880 to 1882 he was president of the city board of health, and then, until 1885, he was secretary and executive officer of the board, when he resigned on account of his connection with the state board of health. It was during the time of his official connection with the health boards that he became widely known throughout the state as a conservative and conscientious physician, who would do his duty regardless of consequences. He made a particular study of sanitary science, and was a member of several sanitary associations. During the time of his official connection with the health board he was a member of the American Public Health association, and in that capacity wrote several papers on sanitation which attracted attention throughout the country. These papers and others were printed in the leading medical journals. Among them are the following: "*Morbo-Lacteo*," "*Imme-*

diate Placental Delivery in Natural Labor," "Typhoid Fever," "Sanitary Survey of the School-houses of Indiana," "Sanitary Supervision," and many others equally as important.

Chloroforming in Sleep.—It is becoming fashionable for burglars to chloroform their victims in the hope that their work will be the more easily and effectually done. As the plan is to administer the anæsthetic while the patient sleeps, it is no wonder that failure attends the effort. Happily it is one of the most difficult feats to accomplish, requiring the greatest care and the highest degree of skill. By many good observers it has been claimed to be impossible. The latter may be looked upon as the rule, especially with novices. Before primary insensibility is obtained the victim awakes from the irritation of the inhaled vapor, when force is necessary for the completion of the purpose. In the meantime the alarm may be given and the assailant may be captured. Fortunately, the chances are always against the latter, as his victim, facing the horror of strangulation, is instantly and almost instinctively roused to desperate resistance. Taking all the chances, however, chloroform in the hands of a burglar should be considered as dangerous to its victim as a club, an axe, or a bullet, and its administration should be punished to that extreme limit of penalty which is due to the employment of the other murderous measures.—*Medical Record*.

On the Propriety of Using Stimulants, Tonics, and Increased Nutrition in Relieving the Pain of Acute Otitis Media.—In acute suppurative or catarrhal otitis, the pain is of an intense, and likely to continue for some days unless relieved, thus interrupting the patient's sleep and nutrition, and, after a time, reducing his strength so that he presents a most demoralized and woebegone appearance. This may sometimes occur in spite of various leechings, applications of dry or moist warmth to the ear, aural douche, or even the internal administration of narcotics. In certain cases I have seen the leech, which is usually so valuable, add to the distress of the patient, and the other remedies already mentioned seem to act quite the opposite to what is usually expected of them. I conclude that the prolonged pain, the disturbance of sleep, and the interrupted nutrition have contributed to bring about a new condition—that of more or less profound depression on which the continued pain may largely depend—in other words, a new condition similar to that obtaining in painful or neuralgic conditions gradually.

I am inclined more and more to the opinion that pain in general is not dependent on a positively inflammatory condition, but may depend on a depressed systemic state, requiring for its management rest, or stimulants, or tonics, or food, or all these combined. Perhaps an inflamed ear would be the last thing to be thought of as being amenable to such treatment, but for some years I have

more and more that the general condition of the patient was worthy of careful attention, and have found that rest, stimulants, tonics and improved nutrition were often essential to the patient's recovery. Recently a striking example of these truths occurred.

A gentleman, of about sixty, had an attack of suppurative otitis media of his right ear. Two physicians, one of whom was his son, were in attendance. He progressed fairly well for ten days or two weeks, when his physicians found that leeching seemed to aggravate the pain and that morphine acted unsatisfactorily, as well as the other remedies. I was called in with the idea of operative interference, and after observing the case, concluded that the element of depression largely predominated and had much to do with the painful condition, although his temperature was $99\frac{1}{2}^{\circ}$. The ear was freely suppurating and the perforation whistle was easily elicited. The perforation was in the anterior inferior portion of the membrana. Some of the time there seemed to be tenderness over the mastoid, but after repeated tests I concluded there was none. The pain radiated over the side and back of the head, and also extended into the neck.

His son remarked that he had previously had pain in the occiput and neck when he was not in his usual good health or was eating badly. All these symptoms, with his cold extremities, pale, cool face and generally neurotic condition, induced me to order rum or brandy sufficient to relieve his sufferings, only stopping short of the physiological effect. Jamaica rum was freely administered, and on a subsequent visit, six hours later, the patient was found completely relieved from pain.

Large doses of cinchonidine, even to the physiological effect, was ordered together with active exhibition of nutritives. He progressed satisfactorily for about ten days, when I was again called in.

A similar condition to the former state was observed, I suspect from relaxation of the treatment recommended, and I repeated the former instructions. The patient was again promptly relieved; the ear was still discharging, for which peroxide of hydrogen was ordered. It will be noted here that the elevated temperature was brought to the normal by the exhibition of stimulants, the cinchonidine not being used in the first instance. One indication for the use of alcoholic stimulants in some of these cases is the tolerance of the patients to its action; much may be taken without producing the physiological effect.

Some time since I had occasion to prescribe for a physician who had a suppurative otitis of ten days' duration. There had been considerable pain, and the patient showed signs of his suffering in his facial expression, and in a general way the depressing effect of the disease was apparent. The ear was freely suppurating. I gave him to distinctly understand that the first step in his cure was to restore the energy lost by suffering from the disease, and the interrupted nutrition by the use of alcoholic stimulants pushed to a near approach to the physiological effects, also accompanied by tonics and as much food as he could comfortably digest.

He left me with an amused smile, provided himself with the necessary stimulants, and inviting a near friend to assist, proceeded to carry out the instructions.

After a time the friend was somewhat overcome from his somewhat excessive potations, but the patient, who had taken an equal amount, was much improved in every way, without the slightest approach to inebriation. He dated his rapid recovery from this successful starting-point.

Some years ago I was called in consultation with two other medical men in the case of a lady, aged fifty, who had an acute catarrhal otitis media accompanied by considerable pain. One of the doctors present thought there was mastoid tenderness and was in favor of operating. The other physician and myself opposed this notion, each believing that the pain in the ear and side of the head was rather neuralgic than inflammatory in character, and advised large doses of cinchonidine (ten grains every three hours). Alcohol was interdicted, as the patient was inclined to the abuse of stimulants. The pain was quickly and permanently relieved. Nourishment was naturally looked after.

I could adduce a large number of such cases to illustrate the matter under discussion.

Recently at the New York Polyclinic I had a patient with a sharp attack of catarrhal otitis media. The usual remedies, such as leeches, hot applications, etc., were prescribed, I remarking to her as the patient seemed robust, that alcoholics would not be necessary.

The patient naturally overheard the observation.

A few days subsequently, she informed me that failing to obtain relief from the means I had suggested, she had tried whisky, and abundantly succeeded in being freed from pain. These considerations remind me of certain practices in the West—when a patient is suffering from malaria with neuralgic symptoms and fails to respond to the usual routine treatment, it is sometimes the practice to saturate them with whisky, when the patient suddenly takes a firm start in the direction of recovery.

A few years since a medical man in New York, editor of a leading medical journal, was attacked by an otitis, for which a great variety of means were used, including a mastoid operation, without relief.

On consultation with a gentleman devoted to general medicine the question was raised that the patient had, for a long time, been overworked, and the prolonged suffering had so reduced his energies that a genuine neurotic condition existed, for which whisky was recommended.

On the first day a full bottle was administered, followed up with a sufficiency to maintain the effect, and he was speedily cured of his prolonged and painful otalgic symptoms.—*Dr. Oren D. Pomeroy* in the *Annals of Ophthalmology and Otology*.



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ORIGINAL ARTICLES.

TRAUMATIC DIABETES FOLLOWING GASTRO-ENTEROSTOMY.*

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Many and various have been the theories advanced in regard to diabetes; that it is a kidney disease was early seen to be insufficient to account for the phenomena. Naturally, the glycogenic function of the liver has, from the first, been a subject of careful study. Wickham Legg† produced diabetes by ligating the bile duct. When Bernard demonstrated by experiment the existence of a diabetic center in the medulla, his followers hoped the primary seat of the disease had been found. A lesion at this point is, however, comparatively rare. Within the last few years pathological changes of the pancreas, as a factor in the production of diabetes, has attracted considerable attention. Cases supporting all of these views are to be found in medical literature.

Traumatic diabetes, a diabetes produced by a wound or injury, has received but scant attention from the profession. The textbooks on medicine contain simply the statement that "trauma is

*Read before the Northern Ohio District Medical Society, December 7, 1893.

†Arch. f. exper. Path. u. Pharmacol., Leipzig, 1874, Vol. II, 384-386.

sometimes an ætiological factor in the production of diabetes while the subject is entirely ignored by surgical authors. As early as 1839* a case was reported, and from time to time others appeared, mainly in the German and French journals. In 1867 Pavy† demonstrated by experiments that diabetes follows not section of the medulla oblongata and the cord down to the second dorsal vertebra, but also section of the sympathetic, at the sixth or seventh superior cervical, and sometimes of the thoracic ganglia.

Among the cases on record, the most common trauma followed by diabetes is an injury of the head, with or without direct brain lesion. I cite from these the following :

McClintock‡ reports a case of injury of the head from a fall from the limb of a tree, in which a fracture of the occipital bone was sustained. Diabetes mellitus developed and he died from pulmonary tuberculosis after nineteen months.

Frank Renaud|| also details a case who received several kicks on the head, none of which lacerated the scalp. For the next three or four days he was delirious ; five days later he was passing water of a specific gravity of 1040, containing sugar.

Baccelli§ makes mention of a young man who became diabetic after a concussion of the brain.

Next to injury of the central nervous system, blows upon the epigastric region cause the largest number of cases. These may be due to injury of the sympathetic, situated in the upper part of the abdomen, the solar plexus.

William Hunt¶ presented to his clinic a boy of seventeen years of age with the symptoms of diabetes following a blow on the abdomen.

Such a case occurred also in my own practice a year and a half since. C. H., age eleven, fell while leaping a hitching-post, striking his epigastrium. It caused considerable pain at the time, but did not detain him from school the following morning. Ten weeks later, when first seen professionally, he was suffering from

* Medical Times, London, 1839, Vol. I, 235.

† Guy's Hospital Reports, 1859, p. 204.

‡ Medical Record, 1867, Vol. II, p. 387.

|| Provincial Medical Journal, May, 1892.

§ Medical Times and Gazette, 1869, p. 475.

¶ Philadelphia Medical Times, March 1, 1892.

severe diabetes, which progressed rapidly and terminated fatally two months after the injury.

Not only is injury of the central nervous system followed by glycosurea, but the irritation may be peripheral and its effects reflex. Thus embarrassed respiration, whether due to disease, strangulation, or the inhalation of irrespirable gases and anæsthetics, has been known to be followed by glycosurea. Peripheral irritation of the pneumogastric may arise in the stomach, intestines, liver, or any organ to which it is distributed.

“Finally,” says Pepper,* “there is no reason why an inhibitory reflex action may not originate in the sympathetic itself. A sensory influence to ascend one set of sympathetic filaments, and an inhibitory to descend through another.” This inhibitory action on the vaso-motor nerves of the liver causes an appearance of sugar in the blood which flows from the liver. When we remember the wide distribution of the pneumogastric and sympathetic nerves, such a theory would account for those cases not included in the foregoing varieties.

Of fifty-five cases of traumatic diabetes reported by Schaper† as occurring at the clinic of Gottingen, nine were simple polyurea, and forty-six glycosurea.

In the nine diabetes insipitus, five were head injuries, three of which extended to the brain; two were severe muscle strains received in slipping, and two contusions of the lumbar region. Of the forty-six diabetes mellitus, twenty were injuries of the head, including nine fractures of the skull; six had suffered severe injuries of the vertebral column; while twenty had received but slight wounds, with no injury to the central nervous system. In making a prognosis, the character of the injury, the severity of the disease, and the length of time from the injury to the appearance of the diabetes must be considered. Of the forty-six cases above mentioned fifteen died; and while only twenty-six, or fifty-six per cent., were injuries to the central nervous system, yet eight of the deaths, or seventy-three per cent., were of that nature. Lepine‡ puts the mortality

* Pepper's System of Medicine, Vol. II, p. 199.

† “Ein Fall von Diabetes Mellitus entstanden durch trauma,” J. Schaper, Gottingen, 1873.

‡ Annual of the Universal Medical Sciences, 1893, Vol. I, G-I.

much higher, radical cures occurring in only fourteen out of fifty cases. If diabetes rapidly succeeds traumatism, it is almost always mild; but if the onset is slow or the case of long standing the prognosis is unfavorable, since cases of six months' duration seldom recover. Death frequently results from some intercurrent disease, of which tuberculosis is by far the most common.

The cases of traumatic diabetes following operation must be exceedingly rare. I have not been able to find a single one of this character reported. The following case, occurring in my practice is therefore worthy of record :

M. C., a farmer, entered the hospital February 1, 1893. He had enjoyed good health till within two years. Four years ago, after working hard, he felt pain in the upper part of the abdomen; this gradually subsided. Two years since, after heavy lifting while killing pigs, he again had a severe pain in the region of the stomach which increased in severity until he was forced to take measures for its relief. At the time of entering the hospital he was greatly reduced in strength and weight from the vomiting of the previous eight months. This vomiting had occurred daily or every other day, a large quantity being ejected each time. Examination showed all the organs normal except the stomach and bowels. The urine was normal and did not contain sugar. The stomach was greatly dilated and the bowels were very difficult to move, cathartics being constantly required in large doses. For a month, restricted diet with daily lavage was tried, and so long as he took nothing solid he did fairly well, but any deviation from this course brought on the old symptoms with their usual severity. The vomited material which was submitted to the chemist, contained the digestive ferments in normal quantities. No blood or organic tissue was found in the vomit which would indicate malignant disease, nor was there a tumor in the pyloric region.

March 6, 1893, a gastro-enterostomy was performed, when the stomach was found much dilated and its walls hypertrophied. No constriction, however, was not at the pylorus, which appeared normal; but two inches below the pyloric orifice the caliber of the first portion of the duodenum had been much lessened by the contraction of cicatricial new connective tissue, which bound the duodenum and transverse colon together.

The anastomosis was made between the anterior wall of the stomach, three inches from the pylorus, two inches from the great curvature, and a loop of the jejunum some ten or twelve inches from the point where it emerges from the transverse mesocolon. The external incision was closed with silk-worm gut. On the third day a dose of cathartic moved his bowels, after which they moved once a day without medicine. On the ninth day the sutures were removed, the incision being entirely healed by first intention. At this time he was taking liberal quantities of liquids and semi-solids without discomfort. His temperature was normal on the morning of the fifth day.

Judge of my surprise, when the dressings were removed on the twelfth day, to find that the external wound had given way through its entire extent, including the peritoneum. Naturally, an explanation was sought; he had never had syphilis, gonorrhœa, or any constitutional or lengthy disease.

His tongue was moist, his skin not dry; he was not thirsty; in fact, he had not suffered from thirst as much as is usual after a laparotomy. There was no increase in the amount of urine. The specific gravity was never more than 1022. There was neither albumen nor casts; but repeated examinations made by Dr. P. Max Foshay and myself always showed sugar, thus establishing the diagnosis of diabetes mellitus. This we concluded was the cause of the phenomena noted; the farther progress of the case strengthened the belief.

Adhesions rapidly formed at the site of the operation, which was immediately beneath the external incision, between the stomach and intestine and the two sides of the abdominal wound. These adhesions contracted, and on the afternoon of the fourteenth day the patient had a vomiting spell, which was preceded by constipation for two days. The next day another attack of vomiting occurred and the patient became greatly reduced.

It was decided to operate a second time; the next morning, therefore, the sixteenth day after the first operation, under chloroform the stomach and intestine were loosened from the abdominal wall, and the edges freshened and sewed with interrupted silk-worm gut, strengthened by superficial catgut stitches. His bowels moved on

the second day without cathartic, and he was again able to nourishment with comfort.

The temperature, even after the second operation, continued normal until the twenty-first day, when it began to rise and continued to range from 98° to 101° F. up to the time he left the hospital. At no time were there signs of peritonitis, and his stomach and bowels continued to act normally.

At the first dressing the wound had again healed, except a superficial layer, by first intention ; but at the second dressing the adhesions had stretched out to some extent, in spite of a tight swathe. It seemed as if we were doomed to a second failure. At this the patient was strapped with surgeons' adhesive plaster extending entirely around his body, covering the whole upper part of the abdomen so tightly that the lips of the wound could not separate. Healing by granulation continued slowly.

On the fourteenth day of May he complained of his back. On examination two immense diabetic abscesses, one over each scapula, were found. When asked why he had not spoken of them sooner he said that they did not hurt very much and he thought they came from lying in bed so long.

The abscess on the right side had already a small opening ; it was enlarged and the pus thoroughly evacuated. That on the left was aspirated, but on account of the shreds of necrotic tissue it was not so satisfactorily treated. The abscess on the right side not discharging anything, and showing no tendency to refill, a small opening on the left side was made May 16, and the abscess thoroughly evacuated. No further trouble appeared from these.

By this time he had become greatly emaciated, weighing only ninety-eight pounds ; and being despondent, he decided to go home. This he did, despite my protest, on the nineteenth of May. I referred him to a competent physician at home, and gave him the following prescription :

R. Ferri pyrophos.....	3i
Acidi Phosphor. Dil.....	3ss
Syrup Tolu.....	3i
Aquæ Dest. q. s. ad.....	3iv
M. et sig.	

Teaspoonful once in four hours.

One month later I received a letter from the doctor saying he had heard nothing of my patient, and, as I continued to hear nothing from him, I concluded the journey home had been too much for him. It was an agreeable surprise, therefore, when four months later, the twenty-third of September, he walked into my office, a well man as far as I could see, and reported that he weighed one hundred and fifty pounds; could eat anything he wanted without discomfort, and that it was not necessary to take anything for his bowels. He farther said that he had seen no doctor, had taken no medicine but the prescription which I gave him, and that he was able to do light work but had not attempted anything heavy.

Recognizing that the data at hand are too limited to warrant generalizations, I wish to ask the following questions, which are suggested by the consideration of the subject:

First, are injuries to the epigastrium followed by diabetes due to peripheral irritation, or central injury?

Second, how does peripheral irritation of the pneumogastric or sympathetic affect the glycogenic function of the liver?

Third, are all cases of traumatic diabetes due to nerve lesions?

Fourth, in the case which I have reported, is it possible that the patient was suffering from an undiscovered or latent diabetes at the time of the operation, and, if so, why did we at first get union by first intention?

THE DISCRIMINATION OF BLOOD STAINS.*

BY C. M. VORCE, ESQ., CLEVELAND, OHIO.

This subject has occupied the attention of a constantly increasing number of investigators since about A. D. 1700, and has been the theme of a vast number of publications, ranging in character from ponderous monographs down through detached chapters, pamphlets and magazine articles, to contributions to the columns of daily newspapers. Nearly if not quite three hundred authors have written on the subject in some one of these ways.

With all this profusion of literature, one is surprised to find how moderate is the quantity of actual work and original investigation

*Read before the Medico-Legal Section of the Cuyahoga County Medical Society, May 10, 1894.

on which it is based. Authors quote liberally from their predecessors, make a few hasty tests, or perhaps even omit this, and draw the conclusion that appears to have the greatest numerical support. Others appear to have entered on the investigation sincerely, but after first obtaining a result somewhat at variance with that of previous observers, to have forthwith rushed into print to upset all previous views. A large number of others have apparently contented themselves with criticising the work and conclusions of the rest without troubling themselves to work upon the problem at all, or if at all only casually and cursorily.

When the inherent difficulties of the subject are considered, the amount of work necessary to be done to reach even a tentative conclusion, the time through which the labor must extend, and the expense involved in a thorough investigation of the subject, we can not wonder that much of the work already recorded has been inefficient, by improper methods, and often with very inadequate apparatus. This accounts for much of the lack of concordance between the work of different observers presumably of equal reliability.

It would have been, a short time ago, quite impossible to have collated the prior work on this subject as to have made an intelligent summary of it that could be condensed within the limits permissible in a paper or address to be given in a single evening. Happily, however, this work has been largely done of late by the president of the Medico-Legal Society of New York, Mr. C. Bell, and I shall avail myself largely of his work, referring to some publications which probably did not come under his observation.

Since the discrimination desired is by far the greater number of cases is between human blood and some or all other kinds, it will be of interest to note, not minutely but in a general way only the chief data which commonly enter into the consideration of the subject. To this end I shall cite a number of the measurements published by authors who have done individual work, in some of very limited amount and of very poor quality, but including most of the authors commonly cited on this subject. Although the original measurements were in diverse systems, they are here expressed in decimal fractions of a millimeter, and to the fifth p

expressing one hundred-thousandths of a millimeter, or hundredths of a mikron, as computed by the late Dr. J. J. Woodward.

I have arranged them in chronological order, and in many cases have stated the size given by the same author for human corpuscles and for those of the dog.

This list is as follows :

	A. D.	HUMAN.	DOG.
Luewenhoek.....	1673	.00920=1-2761	
Jurin.....	1717	.00789=1-3215	
Luewenhoek.....	1720	.01327=1-1914	
Tabor.....	1724	.00723=1-3527	
Serac.....	1749	.00820=1-3098	
Muys.....	1751	.01128=1-2252	
Weiss.....	1760	.01085=1-2330	
Della Torre.....	1763	.00801=1-3174	
Blumenbach.....	1789	.00789=1-3215	
Villar.....	1804	.00564=1-4504	
Sprengel.....	1810	.00902=1-2822	
Bauer and Home.....	1818	.01504=1-1690	
Kater.....	1819	.00677=1-3752	
Young.....	1819	.00451=1-5630	
Rudolphi.....	1821	.00902=1-2823	
Prevost and Dumas.....	1821	.00705=1-3628	
Edwards.....	1826	.00814=1-3136	
Hodgkin.....	1827	.00902=1-2822	
Wollaston.....	1827	.00525=1-4837	
Weber.....	1830	.00525=1-4837	
Muller.....	1834	.00525=1-4837	.00902
Schuliz.....	1836	.00667=1-3808	.00836
Wagner.....	1838	.00645=1-4275	.00752
Mandl.....	1838	.00800=1-3174	
Gulliver.....	1840 to 1846	.00794=1-3200	.00710
Carl Schmidt.....	1848	.00770=1-3289	
Friedberg.....	1852	.00700=1-3628	
Virchow.....	1857		
Brucke.....	1857		
Wiener.....	1857		
Robin.....	1858	.00730=1-3289	
Fleming.....	1859		
Kolliker.....	1860	.00751=1-3382	
Caspar.....	1861		
Harting.....		.00740=1-3433	
Valentine.....		.00710=1-3577	
Welcker.....	1863	.00774=1-3289	.00730
Pelouze and Fremy.....	1865	.01020=1-3048	
Roussin.....	1865		

	A. D.	HUMAN.	
Flint.....	1866	.00726=1-3480	
Richardson.....	1869	.00732=1-3474	
Med. Leg. Soc. France.....	1873	.00780=1-3257	.c
Cornil and Ranvier.....	1873	.00700=1-3636	
Richardson.....	1874	.00751=1-3378	
Woodward.....	1875	.00750=1-3412	.c
Malinin.....	1875	.00770=1-3300	.c
Woodward.....	1876	.00821=1-3098	.c
Richardson (14 Races).....	1877	.00787=1-3224	
Hans Schmidt.....	1878	.00740=1-3432	.c
Hayem.....	1878	.00750=1-3389	
Curtman (Ex Culex).....	1880	.00740=1-3200	
Vorce.....	1884	.00751=1-3380	
Wormely.....	1885	.00771=1-3290	.c
Masson.....	1885	.00780=1-3256	.c
Vorce and Tuckerman.....	1885	.00759=1-3344	
Shanks (vert. ill).....	1886	1-3212	
Detmers.....	1887	.00814=1-3135	.c
Ewell (his own).....	1892	.00803=1-3175	
Ewell (others).....	1892	.00783=1-3256	

From the foregoing, which is far indeed from being a complete list, we find the average size of the human corpuscle to vary from $4\frac{1}{2}$ to 15 mikrons, or from $\frac{1}{1690}$ to $\frac{1}{880}$ of an inch, and the same range of variation is found in the measurements of dog's blood, fully proving the futility of undertaking to compare one measurement with another, unless it happens to be known that precisely identical conditions attended the two measurements.

It is, however, to be observed that in all cases up to 1874 when the Woodward-Richardson controversy sprang up, the measurements of the dog's corpuscles were reported as smaller than man's by a pretty uniform ratio. Since that date the ratio has varied more widely, and the amount of puppy's blood measured has been greater in proportion than before.

The conclusion reached by Dr. Richardson in 1869 and 1870 was that the blood of man could be discriminated in a dried stain from that of the horse, ox, pig, sheep, goat, cat, and indeed any animal whose corpuscles average not larger than $\frac{1}{4000}$ of an inch, is supported by concurrent opinions of many investigators, among whom may be mentioned Drs. Reese, Mitchell, Reyburn, Updegraff, Gleason, Formad, Nunn, Lewis, Vorce, Detmers, Wormely, and

number of the authors cited in the foregoing list. From the fact that the controversy between Dr. Woodward and Dr. Richardson arose solely in regard to dog's blood, it may be presumed that Dr. Woodward did not seriously question so much of Richardson's conclusion.

But by all the above investigators it is conceded that the contention so often raised, that neither the microscope nor any other means enables one to absolutely and positively *identify* human blood as such, is true. Also that the same is true of almost all other kinds of blood. This concession does not, however, demolish Richardson's conclusion, as has so often been urged. This is clearly shown by tests repeatedly made, wherein different observers have successfully effected the discrimination of unmarked specimens of human and other kinds of blood. In all such cases, however, there were present in the collection some samples of human blood, so that the actual discrimination was in effect this, "If any of these samples is human blood, it is this one."

This is as far as any microscopist claims to go, so far as I know; and in my opinion there are conditions under which such a discrimination can be effected.

These conditions I will now proceed to consider, and as a good foundation to work on, besides saving time and labor, will start with the conclusions summarized as the result of the very full consideration of the literature of the subject given in the paper read before the Medico-Legal Society of New York, in May, 1892, by Mr. Clark Bell, and published in the September, 1892, number of the Medico-Legal Journal.

Although Mr. Bell nowhere states that he has himself ever measured any corpuscles, or indeed used the microscope at all, he quotes from quite a number of authors, publishes several private letters on the subject, refers to the work of Drs. Richardson, Formad, Wormely and Gulliver, and prints Gulliver's table, Wormely's table of results on stains, and General Ewell's diagrams, ending with the following conclusions, to each of which I append my own comments.

The conclusions of Dr. Robert Reyburn, given before the New York Medico-Legal society at the reading of Mr. Bell's paper, and

which are substantially identical with those of Dr. Formad, Richardson, Dr. Updegraff and others, were as follows :

If the average diameter of the blood corpuscle in any specimen of blood (containing at least one hundred, and better five hundred corpuscles) is less than $\frac{1}{4000}$ of an inch, it cannot possibly be human blood.

If the blood corpuscles have an average diameter of from $\frac{1}{3300}$ to $\frac{1}{4000}$ of an inch, then it is human blood (excluding the blood of beaver, guinea-pig, kangaroo, monkey, muskrat, porcupine, and wolf). None of these are domestic animals, and stains produced by their blood can scarcely ever be met with under such circumstances as to be confounded with stains of human blood.

The blood corpuscle of the dog, $\frac{1}{3580}$; rabbit, $\frac{1}{3802}$; ox, $\frac{1}{4250}$; pig, $\frac{1}{4310}$; horse, $\frac{1}{5000}$; sheep, $\frac{1}{6100}$; goat, $\frac{1}{6100}$, can, by the high magnifying power and the careful counting of one hundred to five hundred corpuscles, be differentiated from human blood corpuscles, both in recently shed blood and dry blood stains.

MR. BELL'S CONCLUSIONS.

"1. The only proposed methods of identifying blood stains worthy of discussion are : (a) Tiechmann's process of obtaining hæmin crystals ; (b) the Guaiacum test ; (c) the spectroscopic test ; (d) the microscopic identification of red blood corpuscles ; and (e) the micrometric test. The last method only will here be discussed.

"2. In the use of the micrometric test, no confidence can be placed in the result, unless the errors of the micrometer used are referred to some authentic standard, are known. Instruments used in this investigation described."

This is only true when it is sought to measure the absolute size of the corpuscles. When only the comparative size of two or more things to be determined, the errors of the micrometer are immaterial, provided ordinary care and the customary precautions adopted by micrometrists be observed.

Illustration : If a person wished to know the comparative size of two planks, and should measure them by means of a one yard-stick, finding that one was twice the length of the stick and the other three times the length of the same stick, it would be

that their comparative lengths were as two to three, one being two-thirds the length of the other ; and it would not alter this comparative relation in the slightest degree if it should be found that the yard-stick was an inch too long or an inch too short.

In my judgment the prevailing custom of measuring the corpuscles of a suspected stain, and undertaking to determine their character by the relation of their ascertained size to that of some standard assumed to represent the average size of normal human corpuscles, usually $\frac{1}{3200}$, is erroneous and fatally defective.

The true method, in my opinion, is for each microscopist to establish for himself and by means of his own specific apparatus a standard average size of corpuscle for the animal with reference to whose blood the discrimination is to be made. This standard should be established by the measurement of at least one thousand or two thousand corpuscles, and as many thousand more as can be got, and should include samples from both sexes and of all ages from four or five years upward. Obviously the wider the range of ages and individuals from whose blood samples are taken, and the larger the number of corpuscles examined in each sample, the closer will the resulting average approach to the true average of the race and species.

The average thus obtained may properly and safely be taken by the microscopist as the standard for his own work in comparing with such standard any given sample, provided he uses in such comparison identically the same apparatus, under the same conditions, and by exactly the same methods and processes ; but such standard is of very little if any value in comparing therewith the work of other microscopists, using other apparatus and different methods.

It is this comparing the work of one observer with that of another that I especially object to, even when the conditions are assumed to be the same, and with added vehemence where they are admitted to be different.

“ 3. Where the subject continues during a short period in substantially the same condition of good health, there appears, in the hands of the same observer, to be an average size of the fresh corpuscles, provided at least one hundred corpuscles were measured.”

The constant average admitted by the foregoing conclusion is

not limited to the *fresh* corpuscle, but inheres equally in corpuscle under similar conditions. This is as true of the dried in a clot as of that dried in a mere smear. The difference simply that the average size is a trifle larger in the smear than in the clot, and approaches nearer the size of the fresh corpuscle. The thinner is the smear in which it is found. The reason for this is easily found in the greater surface exposed to the influence of evaporation and oxidation in the thin smear than in the thicker or spatter.

"4. There are such large discrepancies between the averages obtained from the measurement of the fresh blood corpuscles of animals of the same species, and between measurements of the same objects by different observers, as to throw doubt upon published results. Several tables of measurement given to prove this statement

This is certainly true; and to my mind it establishes the value of my position set forth under conclusion 2, viz., that comparison between the work of different observers is unreliable so far as establishing an absolute conclusion is concerned, and especially when the work of each is referred to and compared with a standard derived from the work of still a third observer, or number of observers. Notwithstanding this, such work, if conducted under closely similar conditions, is of value as pointing to a *probable* result more or less strong according to the nature of the results.

Thus if a number of independent observers, working by different methods, and with dissimilar apparatus, all reach a similar though not identical result regarding the same subject, as, for instance, find the human corpuscle to average larger than that of the horse or dog, but each finding a different ratio of variation, their results would be of value as establishing the probability approaching more or less closely to certainty according to their number and the character of their work, that the average size of the human corpuscle is in fact larger than that of the animals named, but would have little value in determining what the actual relation of difference is.

"5. There is no advantage in using very high powers in microscopic investigations."

This conclusion is open to some doubt, but if by the term "high powers" is meant powers of $\frac{1}{40}$ of an inch and upward

probably true as a general rule, and particularly as applied to work upon blood clots, where working distance is of vital necessity.

It is certain, however, that what are known as medium powers are inadequate to reach the best and most reliable results, and that at least a magnification of 900 to 2000 diameters is preferable and adds to the certainty of the result. Such a magnification may readily be obtained by means of a $\frac{1}{10}$, $\frac{1}{12}$, $\frac{1}{15}$, or $\frac{1}{18}$ objective and proper adaption of tube-length, amplifier and ocular appliances. Work that has actually been done with such powers as $\frac{1}{25}$ and $\frac{1}{35}$ inch demonstrates that in the hands of microscopists like Dallinger, Nelson, Van Huerck and others such "very high powers" can give results with comparative ease which can only be obtained with great difficulty, if at all, by the use of lower powers. Still it is doubtless true that in any hands but those of the most highly skilled, and who are also possessed of long and continuous experience in their use, such very high powers are not likely to yield as good results as powers from $\frac{1}{10}$ to $\frac{1}{18}$ of an inch.

In the micrometry of blood, other things being equal, magnification is an element of very great importance, as may be seen by the following :

Illustration.—Suppose an object of the actual diameter of $\frac{1}{8000}$ of an inch be magnified by a power of 500 diameters. Its apparent diameter will be $\frac{1}{16}$ of an inch, and if measured by an eye-piece micrometer divided to $\frac{1}{800}$ of an inch, in an ocular whose eye-lens magnifies five, each division will have the apparent width of $\frac{1}{40}$ of an inch, and the object will cover four divisions ; since the eye can very easily bisect a space of $\frac{1}{40}$ of an inch, the approximate limit of measurement is $\frac{1}{8}$ the diameter of the object, and the possible error of the measurement would be about 12 per cent., assuming the eye could only recognize one-half a micrometer space.

If the same object be magnified by an objective which with the same ocular gives a power of 1000 diameters, it will have an apparent diameter of $\frac{1}{8}$ of an inch, and will cover eight divisions of the micrometer, so that the limit of measurement on the same assumption would be $\frac{1}{16}$ the diameter of the object, and the possible error about 6 per cent. If magnified in the same way 2000 diameters, the limit of measurement would be $\frac{1}{32}$ the diameter and the possible error of measurement, 3 per cent.

The difference in the possible error of measurement is significant and striking.

From the foregoing it might be supposed a natural inference that the same relative decrease of possible error would attend a further magnification, but unfortunately it is not practicable to carry the magnification much above 2000 diameters by any method which preserve the necessary conditions and do not sacrifice the quality of the optical image to be measured. Up to 1500 or 2000 diameters it is, however, possible to preserve a sufficiently sharp image and working distance enough to meet the requirements in most cases.

“6. Drying of the blood corpuscles in a clot multiplies the difficulty of identification. It has never been proven that dried corpuscles can be restored to their normal proportions.”

This is unquestionably true; and it offers the most conclusive objection that has yet been advanced to the common practice of comparing the average size of the restored corpuscle with a so-called standard which is assumed to represent the average size of the normal human corpuscle. That the corpuscles of mammalian blood do, on treatment with proper re-agents and under favorable conditions, swell up and resume a contour and size closely resembling that of the fresh blood of the same animal is a matter of common experience and is practically conceded by all. How, then, in view of the uncertainty as to their restoration to exactly normal size, should the comparison of such restored corpuscles be proceeded with for the purpose of the discrimination of species? Obviously, it seems to me, by comparing them with the ascertained average of the size of similar corpuscles restored under known conditions, and by conforming the conditions of restoration of the suspected or doubtful sample to those under which the known samples were restored and measured. This method, it will be observed, leaves out of consideration entirely the actual or absolute size of the corpuscles and deals solely with their comparative size, which I have previously indicated to be, in my opinion, the proper course.

“7. The mean size of the red corpuscles of very young animals is larger, and their size varies between wider limits, than in adults.

This is true ; but its only application to the question in hand is in its relation to the discrimination between the blood of such animals as have already corpuscles so nearly of the same average size in the adults as to render the discrimination extremely difficult or impossible ; as, for instance, man and the guinea-pig, man and the rabbit, or man and the dog.

That the corpuscles of a very young puppy, rabbit or guinea-pig *might* average so near the same size as those of an adult human being as to be impossible of discrimination, must be admitted ; but it does not follow from this that the average size of corpuscles in a given sample affords no probability as to the kind of animal from which it came. Very young infants or animals are not likely to figure frequently in scenes involving the necessity for the discrimination of blood, and in cases where they do the fact will ordinarily be readily ascertainable. No one hesitates to accept as evidence any fact whose ordinary tendency is to point to a given probability, such, for instance, as foot-prints found at or near the scene of a crime, and having peculiarities, such as the presence of patches, etc., which correspond with the foot-gear of a particular person ; and this notwithstanding it is well known that multitudes of people wear patched shoes. All such evidence is received by virtue of the probability which it tends to establish, leaving its weight to depend on all the surrounding circumstances.

“ 8. Many diseases alter the size of the red corpuscles ; especially is this so in microcythæmia.”

As to this conclusion, the same may be said as has been set forth regarding the preceding, with the addition that it has even less bearing than the last, for the reason that while all must at some time be young, not all must necessarily be diseased, and the number at any time suffering from diseases affecting the size of the blood corpuscles must always be insignificant in relation to the entire number living.

“ 9. Fasting diminishes both the size and number of the red blood corpuscles. So also in the case of various drugs.”

This point would simply favor the escape of the guilty rather than to imperil the innocent, which is the chief objection urged against reliance on the micrometrical discrimination of blood.

"10. In view of the foregoing it is impossible in the present state of science to say of a given specimen of blood, fresh or old, more than that it is the blood of a mammal."

This conclusion is contrary not only to the experience of all competent observers but to all the evidence on which it is based. According to the conclusion, as it reads, one having under observation the fresh blood of the musk-deer could not say that it was elephant's blood; or, more absurdly still, could not say on examining dried human or dog's blood that it was not the blood of a musk-deer, or even of a goat or sheep!

Contrast this with the conclusions of Drs. Reyburn, Richardson and Formad, and we have the two extreme views. It seems that between the two extremes we ought to be able to find a middle ground upon which all could unite.

One or two illustrative examples will perhaps make my meaning clearer than a considerable amount of mere argument.

First. Discrimination between the blood of man and the blood of a horse. A case was laid before me wherein the question was whether a stain of blood on the clothing of a prisoner was that of a horse which had been mutilated, or whether it had come from his own mouth as the consequence of having a tooth drawn. I was supplied with a quantity of grass upon which blood from the injured horse had dried.

The procedure was to prepare a series of three or four slides from the smear on the clothing, an equal number from the thin smear on the dry grass, and a number from my own and other human blood, all being prepared in the same manner and at the same sitting, Richardson's process being followed. They were then examined in the order of their preparation, and the corpuscles which could be distinguished and were circular were measured with a filar micrometer using a $\frac{1}{15}$ immersion objective. Ninety-one corpuscles from known horse blood gave an average of $\frac{1}{48\frac{1}{8}}$ of an inch. Ninety-three corpuscles from the pantaloons gave the average of $\frac{1}{38\frac{1}{8}}$. Fifty corpuscles of known human blood (from cloth) gave an average of $\frac{1}{38\frac{1}{8}}$ of an inch. Taking Gulliver's measurement, $\frac{1}{48}$ the average for horse blood, gave an average one-millionth of an inch smaller than the normal, while the blood from the cloth gave an average one-millionth of an inch larger than the normal.

for horse blood, and that known human blood gave an average forty-five-millionths of an inch larger than the normal for horse blood. On measuring the same samples the next day, the same results were obtained as to the ratio, all the measures being an infinitesimal fraction smaller than those of the first day. A second series of slides from the same samples by the potash method gave identical results, and I announced my conclusion to be ; "As the blood upon the clothing differs by only one-millionth of an inch from the normal for horse blood, and by ninety-five-millionths of an inch from the normal for human blood, of the two it is undoubtedly horse blood." This conclusion was stated in this manner only for the reason that no attempt was made to ascertain absolute sizes ; and that the only standards applicable, in my judgment, would be the horse blood and human blood known to me, with which it will be seen the suspected sample absolutely agreed, while it differs widely from the standard human blood.

Second. Comparison of human blood and dog's blood.

Sample submitted was smeared in a thin layer on the bit of an axe. This was compared by Dr. Tuckerman and myself with various samples of known human blood and a large number of samples of dogs' blood from various kinds of dogs. As in the other case, the conditions were kept closely identical with all specimens ; measurements made with a Gundlach $\frac{1}{10}$ immersion and eye-piece micrometer fastened in the ocular. Several thousand corpuscles were measured first and last, but only about one thousand each of human and dogs' blood were compared in reaching the conclusion, as these were the later measurements of the series, made after much greater experience than the earlier ones.

The results were, in terms of the micrometer, human blood, dry, 240 ; same on steel, 223—less than normal, 17. Dogs' blood, dry, 215—less than human, 25 ; same on steel, 178—less than normal, 37. Blood on axe-bit, 209—less than human, 31 ; greater than dog on steel, 31. And the conclusion was this, "It cannot be reasonably doubted that the blood on the axe-bit was human instead of dogs' blood, if it was either."

In both of the above instances it will be noticed that the suspected sample was in the form of a thin smear. Everyone who has

attempted the restoration, as it is called, of blood stains, is a that the thinner the layer of dried blood with which he has to the more successful is the restoration and the greater is the proportion of measureable corpuscles.

A curious result of the work done by Dr. Tuckerman and myself was the discovery that, so far at least as we were concerned the liability of mistaking human blood for dog's blood is greater than that of mistaking dog's blood for human. This, I believe, is due to the different behavior of those two kinds of blood in the process of restoration, a fact which has been hinted at by Detmold and others, but concerning which very little that is at all definite has found its way into print. The fact I have referred to is, I think, largely to the more delicate nature of the human red corpuscle, causing it, when dried in spatters or thick smears, to restore less readily than that of the dog's corpuscle, under similar circumstances.

Although the above figures show the dog's corpuscles restore from stains on steel to be further below their normal than the human corpuscles from stains on steel, it must be remembered that the averages include some measurements of corpuscles in rather thin stains, and it is these which are most unfavorable to the human corpuscle. Much light might be thrown on the subject by an investigator who could carefully measure, under identical conditions, a number of thousands of corpuscles from dried stains of unknown origin, and publish the results, following it with publication of the true source of each stain. All of the measurements of the long list of authors previously read were of the fresh blood, or blood spread and dried in the common manner.

As to the relation between the blood of man and that of monkey or any other animal of the list having corpuscles as large or larger than those of man, it does not seem to me that it has nearly so much relevancy as is attributed to it by most of the writers who have embarked in the controversy regarding the feasibility of the discrimination we are considering. As an illustration : Supposing it were known that some animals in the polar regions had corpuscles with characteristics identical in all respects with those of man ; a blood stain were submitted to a person here, who should find

corpuscles to agree precisely with those of man, would it not be puerile for one to say under such circumstances that he could say nothing more than it was the blood of a mammal? It seems to me he could properly say, that although there is just a bare infinitesimal possibility that the stain might in some miraculous manner have been brought from the North Pole, yet such a case is so improbable that there is no reasonable doubt that it is a stain of human blood.

Now, to treat the present conditions in the same way, it seems to me we may properly take this ground. Conceding that no discrimination is possible between human blood and any other whose corpuscles average larger than $\frac{1}{4000}$ of an inch, we ought, I think, to assume that all those bloods whose corpuscles are so much larger in proportion than human blood as $\frac{1}{4000}$ of an inch is smaller, are also indiscriminable from human blood. This point does not seem to have been pressed, but seems as valid as the other, and would give us a list of about twenty animals whose blood is, on that hypothesis and on the basis of Gulliver's tables, not distinguishable from that of man. This list includes the elephant, anteater, walrus, sloth, ornithorhynchus, whale, opossum, capybara, seal, beaver, muskrat, porcupine, monkey, kangaroo, guinea-pig, wolf, dog, bear and rabbit.

If, now, on comparing a stain presenting favorable conditions with samples known to be from the blood of the above named animals, it is found to compare, under identical conditions of examination, exactly with a given one, it is, to say the least, probable that the stain is of that kind of blood. That it is from the blood of such animals as the elephant, sloth or kangaroo is still less probable, so that the probability of error is practically reduced to the three or four animals whose corpuscles agree closely with those of man, and whose habitat renders them likely to furnish blood stains liable to be confounded with those from human blood.

Therefore, on the assumption named, we would have to say, "This stain compares more closely with one particular kind of blood than with any other, and the probability is that it is of that kind, although there is a possibility that it may be that of such other kinds, and a remote possibility that it may be the one or the other of still other kinds."

So far as the discrimination of human blood positively from kinds is concerned, it is no longer of importance, since blood on the clothing of suspected criminals are now always free to be human blood, and attributed to bleeding at the part of the wearer. Indeed, I know of one case where stains of iron rust on a handkerchief were cheerfully attributed by the owner to his having had the nose bleed, whereas there was no trace whatever of any blood on the handkerchief.

Where I have used the term "restored corpuscles," I mean corpuscles rendered plainly and distinctly visible, of substantially circular form, not distorted or crenate on the margin, whether free or still imbedded in the fibrinous plasma of the clot or smear.

By the term "favorable conditions" I mean where the blood in thin smears, the quantity ample for a considerable number of slides, the time for examination ample, the number of restored corpuscles that are measurable not less than fifty or one hundred better still, one thousand or more, and the work conducted with care, by the use of suitable apparatus and at equable temperature.

Under such conditions I do not hesitate to express my personal conviction that the discrimination is possible within limits considerably narrower than that which marks the difference between $\frac{1}{4000}$ and $\frac{1}{40000}$ of an inch, but just where to place the limit I am not prepared to say.

Under unfavorable conditions, such as a thick clot where putrefaction has commenced, or where the action of caustic alkalis or acids had decomposed the blood, either of which conditions would be disclosed by the action of the re-agents and by the appearance of the corpuscles themselves, it is not likely that any definite conclusion could be reached.

On the whole, it appears to my mind far more sensible to reach the conclusion as above and give the facts on which it is based, than to say simply "It is the blood of a mammal," which can be decided at a single glance and requires no comparison whatever.

SOME OF THE PAINLESS REFLEXES.

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Whoever studies the literature of the reflexes will find the subject very imperfectly understood ; though much has been written, much needs to be written. Many of the functions of the body are performed by the influence of reflex nervous action, physiologically, beautifully illustrated by the insectivorous plant *drosera* ; so also many of the pathological conditions are due to the reflexes. So important is this that whatever one of the many branches of medicine we take up, this subject is continually coming before us, often confounding us by multiplying symptoms, sometimes throwing its flickering rays of light, guiding our wavering steps on to success if we have but the courage to follow where she directs.

From a clinical point, there are three forms of reflex action, those involving nerves of motion—muscular ; nerves of sensation—pain ; those controlling circulation—vaso-motor. In making this division I do not ignore the reflex arc, consisting of a motor and sensory nerve and a reflex arc, so important in diagnosing the grave forms of cerebro-spinal disease. In this paper we have to deal with the so-called reflex muscular disturbance, which as a rule is free from pain. It was left for Hilton to point out to us the importance of pain as a diagnostic help. So we can utilize muscular disturbance devoid of pain to bring to light many of the obscure diseases occupying the deeper regions of the body in parts poor in nerves of sensation but rich in blood, and full of nonstriated muscular tissue.

As we advance in pathological skill we find many of these reflex diseases disappearing from the list. What had been explained to our satisfaction by the meaningless phrase “ reflex nervous irritation,” is now known to be due to some poisonous fluid or gas generated by the decomposition of decaying matter or the excreta thrown off from the growth of some of the lower forms of life, invading the tissues of the body, acting directly on the organic cells, disturbing nerves and muscles, also causing wild commotion among the living cells of the blood, paralyzing the heat centers,

arresting elimination, producing such a degree of heat that everything in the body is destroyed, or cooling it off until the life is frozen out.

What we call reflex nervous action is perhaps always due to "*materies morbi*" carried in the blood, producing symptoms more or less severe, mainly through influences affecting nutritive secretion rather than nervous. The fact that distant organs are involved simultaneously is no proof that there is not some material change in the circulating medium bringing about defective or irregular nerve supply. When we know more of this subject we may be able to understand what the disturbing element is.

Who knows the physiology of muscular force—that wonderful force which in times of peace subdues forests, builds cities, tills the soil, feeds the millions of the earth; in war destroys armies, ravages nations and sends destruction and devastation throughout the world? We know that electricity will move large bodies rapidly through space a long distance from where it is generated, with a small wire through which to carry the force. It takes a definite amount of coal to furnish the definite force. The man at the dynamo can tell when an additional car is added, though it is many miles away. Yet who knows what electricity is? Our senses cannot grasp it. Of muscular force we know even less. We do not even know where the dynamo is. In our electric car we know where the engine is that runs the machine which generates the force that is carried through the trolley wire to the wheels in the body of the car. If the wire is broken or the fire goes out the expert is summoned. He soon makes his diagnosis, the necessary repairs are made and the work goes on. In our bodies something goes wrong involving only muscular tissue; there is no pain, we are not conscious of something going wrong, we don't know what. When an expert is called, it is not so easy to make a diagnosis; perhaps the heart misses a stroke now and then, the breathing a little difficult, the bowels constipated and gassy. The expert fails to find where the break is, so he gives a dose of calomel, an alkaline diuretic, quinia. He goes back next day hoping he has hit somewhere, only to be disappointed. He now calls it hay fever, functional disorder of the heart or hysteria, prescribes the orthodox remedies and-

for results, generally a long time. Often the patient gets tired and tries something else, with about as much intelligence as the doctor, and equal chances of success.

We find these obscure but painless diseases in the deep cavities, not involving the orifices lest there is pain, and attention is called to the trouble before time has elapsed to throw out of gear the muscular and circulatory nerves. Some little time is necessary to interfere with nutrition and so bring about the so-called reflex disturbance, so common from the various diseases of the deeper regions of the alimentary canal. The changes going on in the tissues are so delicate and altered so easily by influences the nature of which we know nothing; a slight irritation of a secreting surface may convert a normal acid secretion into an alkaline, thus permitting the absorption of poisonous ptomaines, injuring both nerves and muscles, and through these dilating capillaries, causing local congestions, interfering with the work of neighboring organs. Many of the diseases commonly called nervous, when the pathology is understood, will be found to be due to altered secretions and disturbed muscular action. The muscle spasm further prevents the restoration of healthy secretion, which in turn aggravates the muscular contraction. The motor nerves have the life squeezed out of them. We have a condition of things which does not tend to correct itself, and often continues until the muscles are destroyed and life becomes a burden. On these cases the professional life of many a worthy physician has been wrecked; too honest to profit by the ignorance of his patient and utterly unable to grasp his case, searches his books in vain for help, becomes disgusted with himself, loses the confidence of his patient, who goes into the hands of the charlatan, always on hand looking for such chances, and, I am sorry to add, he is not always outside of regular medicine.

Case 1. Master B., age eleven, a well-developed boy living on a farm. Thin in flesh, very anæmic, abdomen somewhat prominent, no albumen in urine. Has had epileptoid convulsions about once per week for several months, variously treated during this time without relief. At the very urgent request of the mother, I gave him large doses of santonine with calomel, soda bicarb and Dover's powders, with very little hope of accomplishing more than satisfying

the mother. To my surprise the twain came back with the largest assortment of round worms I have ever seen, in every conceivable shape and all ages, many of them in knots, enough to fill an ordinary bed chamber. I need not tell you the boy made an uninterrupted and complete recovery by following this happy beginning with bitter tonics—quassia, nux vomica and rehii, as suggested by a very practical physician with whom I was then associated in business. This case gave me rather more of a reputation in wales as well as in fits than I deserved under the circumstances.

And now I want to say incidentally for the benefit of the young members of the profession, after being in active practice for twenty years I have found very few cases where the ordinary round worm has caused any trouble, though there is no other thing which we are oftener asked to prescribe. But do not get into the habit of ignoring the worm; he is often present and sometimes does harm. When found in numbers sufficient to do harm there is always an unhealthy secretion, furnishing a pabulum in which he can live and thrive and enjoy himself.

How do they operate to bring about active convulsions returning at regular intervals, covering a period of several months? The usual explanation of reflex irritation does not explain. That there is a poison eliminated from the excretory organs of the parasite from the decomposition of those which die, or the altered secretion of the mucous surface the result of local irritation, cannot be denied. The poison resulting from one or all of these conditions being absorbed, acts directly on the muscular tissue or indirectly through the nervous connection, producing the peculiar phenomena we call convulsions—just what is generally admitted to-day as the cause of tetanic spasms. I have come to look on the violent convulsions in children on the ushering in of some acute disease, teething, irritation of the alimentary tract, as in some way sanitary—there is something worked off through the convulsion that is a relief to the child, though like a cathartic or many other remedies continued too long may produce fatal exhaustion. When the convulsion is continuous the convulsion relieves the system for a stated time only to return to again work off the ever accumulating material of *morbida*.

Case 2. Mrs. J., age sixty, fleshy, weight one hundred and eighty pounds, somewhat thinner than usual. She has been suffering with cough and paroxysms of dyspnœa more or less severe, sometimes extreme difficulty in breathing. Has been sick about two months. Family history not good, one brother and mother having died with tubercular disease. Fine rales are heard over entire area of both lungs, no dullness on percussion; pulse ninety per minute; heart's action feeble; marked dullness over upper abdominal region; appetite variable; bowels slightly constipated when not taking laxatives; urine rather scanty, specific gravity 1025, no albumen. Find her taking laxatives, cascara sagrada and rhei and expectorants, mur. amon., syr. scilla, com. syr. ipecac, tinct. opii comp. Continued the expectorant, with the addition of grindelia robusta for one week, with calomel, pulv. ipecac, bicarb soda for twenty-four hours, followed by sulph. magnesia, to which the bowels responded freely. At the end of one week there was no improvement. Directed the nurse to put her in the knee-elbow position and inject water having a temperature of 75° F. into the colon, which she did with a bulb syringe, using the ordinary long tube sold with these syringes. After putting into the colon about one gallon of water patient became sick and faint. The water was retained nearly an hour, when the bowels moved, bringing a large quantity of scybala, evidently coming from the transverse colon, as the apparent enlargement of spleen and liver disappeared, also the paroxysms of dyspnœa. Her convalescence was slow, but continued to improve until she was entirely well.

The time was when both of these cases would have been considered well marked cases of reflex nervous disease, and no further efforts at explanation would have been offered. I think I am safe in saying but few of the intelligent medical men of to-day doubt that there is a *materies morbi* generated from effete matter in some such way as before referred to in this paper.

The treatment of these cases is very simple when we get the real pathology; in fact, many of the very troublesome nervous diseases will disappear before the well-directed therapy of the skillful pathologist.

A CLEVELANDER IN LONDON.

BY S. W. KELLEY, M. D.

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"For those faults of barbarism, Doric dialect, extemporaneous style, tautologies, apish imitation, a rhapsody of rags gathered together from several dung-hills, excrements of authors, toys and fopperies confusedly tumbled out, without art, invention, judgment, learning, harsh, raw, rude, phantasticoll, absurd, indiscreet, composed, indigested, vain, scurrile, idle, dull and dry: I confess all ('tis partly affected;) thou canst not think worse of me than I do of myself. 'Tis not worth the reading! I yield it. I desire thee not to lose time in perusing so vain a subject. I should peradventure loath myself to read him or thee so writing; 'tis *operæ pretium*. All I say is this, that I have precedents for it. Burton.

LONDON AND THE WORK HERE.

In this slow, queer, old-fashioned town, where the weight of associations with the past seems to clog the wheels of progress, where a business house recommends itself because it was established in 1594, although it has not yet outgrown one-horse power, where popular rapid transit is by omnibuses, and there are few electric lights or telephones, it is a great credit to the medical profession to have kept pace with the advances of our science and art; and more must be said in their praise than if they were surrounded by paternal encouragement of a government like the Germans. They are hurried along in the neck and neck race of civilization as in their own country.

In some respects the history and the labors of the generations gone before must be not only a great stimulus to the workers of to-day, but afford a much more material assistance in the form of libraries and museums at their command. More on this head hereafter; and by; at present I intend to devote a few lines to the work done here in London. As to the quantity of it, it is something immense. How could it be otherwise with a population of five millions within one hundred and twenty-two square miles? Of this population one hundred and six thousand six hundred and seventy are paupers, and a great many more than this number are existing next door

pauperism. A number equal to the whole population of Cleveland, as we are fond of estimating it, at three hundred thousand, are employed as domestic servants in London. The population here has almost doubled in the last forty years, the increase amounting to seventy thousand annually. Nothing slow about that. That would do for a boom-town out West. It's the only thing that goes fast here excepting time and money. So much for the residents (not to mention the visitors, of whom there are about one hundred thousand annually of Americans alone).

Now these figures indicate a great deal of work for doctors, and withal a large share of charity work, which is done oftentimes in connection with medical schools. The hospitals and dispensaries are numerous, but, as is shown by their attendance, none too numerous. They vary in capacity all the way from a few scores of beds and a few hundreds annually in the out-patients' department, up to eight hundred beds, accommodating between nine and ten thousand patients annually, and to one hundred and fifty thousand out-patients. As to the quality of the work done, that varies all the way through good, bad and indifferent. The American doctor who comes to London expecting to see all the medical and surgical work done in a manner superior to anything he has seen at home, is going to be disappointed, perhaps in one way of thinking, agreeably so, but disappointed in that expectation. At home we generally hear from travellers only the best that they have seen. They have seen Mr. or Dr. or Prof., or perhaps it is Mr. Professor Doctor all in one, perform some wonderful operation with marvellous skill, or make a diagnosis in some rare and obscure disease, with the most astounding sagacity. The visitor naturally wants everybody to know what opportunities he has had or perhaps what civilities he has enjoyed, and he writes it all out for some journal. But the operation he saw botched or the time he got snubbed he doesn't tell about. Now, I hope I am not going to incur any serious displeasure on the part of any of my foreign friends, at least not till I have time to get out of the country, if I tell just exactly how the work here impresses a Clevelander. Some of it is most admirable. It could not be better done. While the worst work surgically that I ever saw anywhere was done in one of the great hospitals of London. It was not done

by the senior surgeon certainly, but the surgeon was one of members of the staff and the operations were made before the c of the hospital school. The operator is getting quite a name here. I am told he is a rising man. He teaches operative surgery in connection with this same school. Perhaps this lesson was to be taken as how *not* to do it. But nothing was said to that effect. Not just to encourage travellers not to become bewildered by the halo of glory that surrounds some of these places and men, but to see things as they really are, I am going to sketch briefly an operation or two. No fear of exaggeration—truly that would be almost impossible in this case.

It was a case of simple fracture of the middle third of the tibia in a man. It being found impossible to hold the fractured ends in good apposition, it was proposed to cut down and wire or peg them together. On cutting down upon the fracture it was found to be oblique and that a small bundle of muscle between the ends prevented apposition. The muscle being removed, the ends of bone came together nicely and in excellent shape for wiring. So far so good. Then a hole was drilled in each end of the fractured bone separately, and it was found on trying to pass a stiff steel wire through the holes were not in one straight line and it would not pass through both. Then the ends were held together with a lion forceps, they should have been at first, and the drill used again. It was now found that the steel peg was too large to fit the drill hole, and a smaller one being found after some loss of time, and tried, was found too loose. Some ivory pegs were tried and none suited the drill hole. So a man was sent up through the amphitheatre into adjoining workroom, or somewhere, who presently returned with a nail and a hammer. The nail was hurriedly dipped in a solution and driven into the bone, till, the nail bending, it had to be removed. In attempting to remove the nail it was broken and the end of it left in the bone. Then a gimlet was found and tried, but didn't work. Then another hole was drilled and the large steel wire driven in, although it was very tight. It was driven too far in, so that the point projected through the bone postero-laterally and seemed too tight to withdraw. So the assistant was sent out again and returned with a file, and an attempt was made by holding

back the tissues from the bone to file off the projecting point *in situ*. This proved so slow that another and more desperate effort to withdraw the steel wire was made and this time successfully. The necessary length of wire having been marked with a notch of the file, the instrument man was sent out somewhere with it and after a deal of hammering, which sounded like a blacksmith at his anvil, came back with the piece of proper length, or at any rate with a short piece, which was driven into the bones. The patient had been under ether nearly an hour and a half, and was in a rather bad state. So the wound was hurriedly closed with no attempt to cleanse it after all that tinkering, numerous maneuvers of which I have not taken time to describe. The merest pretense of surgical cleanliness was observed at any time during the operation. A couple of American doctors who were present left the theatre before he had finished, saying they could not stand it any longer.

Unless this be thought the sole and only example of botch-work that ever occurred here, let me give another specimen. Under the same circumstances a girl of five years was brought in with rickety deformity—extreme genu valgum—and osteotomy was to be done upon the femurs. An incision was made on the inner side above the knee. Then a delay occurred to find the sandbag, which being produced and placed beneath the bone, the chisel and mallet were plied and then an attempt made to break the bone. It did not break, so the chiselling went on again and was followed by another attempt to break, during which the limb was grasped not only near the point desired to fracture, but down at the ankle and foot, using the whole leg as a lever and straining the knee joint unmercifully. This chiselling and powerful efforts of a strong man to break the bone were alternated some seven or eight times, till the limb being nearly straightened, rather as it seemed by wrenching of the knee ligaments than anything else—nobody heard the bone give way—when the wound was covered with a pad of gauze and the limb put up in plaster. After the plaster was on it was discovered that the wound was bleeding considerably, and the dressings were removed and a search was made for the bleeding point. It was not found. The patient had been under the anesthetic something more than an hour. The wound was stuffed with gauze and bandaged tightly and

put up in plaster. Asepsis or antisepsis were very little observed during all this.

These are extreme examples certainly, but they answer the purpose of illustrating my statement. They are not the only examples of the kind I could bring forward.

In a general way one is impressed with the work here in London as follows: First, the abundance of material. Secondly, that the surgeons are not nearly so careful about asepsis or antisepsis as we are in "the States." Thirdly, they operate very deliberately—time is no object. Fourthly, that more use might be made of the material for teaching purposes. There are exceptions to these general observations, barring the first one. I shall note some of the exceptions later on.

MUSEUMS.

An admirable feature of London as a medical centre is the presence here of extensive and well arranged museums of anatomy and pathology. This shows the advantage of having had generations of zealous, learned and industrious workers in the past. The good they have done, not only by their writings, but by their preservation of specimens, cannot be measured. The proper arrangement and description of them is a necessity for their accessibility and utility. What a veritable treasure house to the investigator is a collection such as that at the Royal College of Surgeons, or that at Bartholomew's, or that at Guy's. He need not take other men's statements for granted or their decisions as final upon any point, but go and see and compare for himself and work out his own conclusions, and perhaps find something more than or different from those of his predecessors. To the student such museums are invaluable aids, as necessary in teaching the principles of medicine and surgery as clinics are in teaching their practice. To tell the truth, nothing else has so excited my envy as a Clevelander since I came here, as have the museums. In neither libraries nor laboratories are we so poor as we are in the way of accessible preparations and specimens by which to teach students, or for our own investigation. Of course, we have not a history of two hundred years behind us like the Hunterian Museum, but after fifty years as a medical center what has Cleveland to show in specimens of normal

diseased anatomy? Those that have been preserved are packed away with dust and cobwebs in lumber rooms and attics, or exist in small private collections made by zealous teachers in certain branches, but inadequate and inaccessible for the general profession. I do sincerely hope that either the medical societies, when they pool their interests on the library—which may the Lord move their hearts to do one day soon—will also consider and make arrangements for the collection and preservation and proper classification of specimens, or else that the medical colleges be taken with a friendly rivalry on this point, and unpack and clean the dust from their hidden treasures and call in donations from their friends and have a collection that all may use and that may be of some benefit to somebody. If any of our readers hold opinions on this topic the pages of the GAZETTE are open for their expression. We shall agitate and advocate it, as we have the library question, till it gets a hearing from the profession and something definite is done.

THE GREAT ORMOND ST. HOSPITAL FOR CHILDREN.

This hospital was founded in 1852, and being the first children's hospital in Great Britain it is called "the mother of children's hospitals." At present it contains one hundred and eighty-one beds—eighty-eight medical, seventy-three surgical, and twenty beds for special cases, besides fifty-two beds at the Convalescent Branch, Highgate. The average annual number of in-patients exceeds one thousand four hundred, and the out-patients twenty thousand. Total attendances about one thousand per week. The senior surgeon here is Mr. Edmund Owen. He is a large and strong man, apparently not more than forty-five years of age, though his hair is gray. He has prominent and handsome features, with piercing, bright black eyes and a dark mustache. His language is very terse. He comes straight to the point. The impression of curtness is softened by a humorous turn with a twinkle of the eye. Without seeming to hurry he despatches a great deal of work or of business in a short time. He seems equally successful also as a writer and as a teacher. Having watched his work and results closely, I cannot but admire his knowledge and skill. A few notes may be of service. He is careful in regard to antiseptics. In operating for cleft palate, while the patient's head hangs over the end of the

table, he generally works standing at the patient's side. I never seen any operator so completely and freely loosen the sutures. The sutures are a few of silver wire, passed with Thomas's modification of Sim's needle, and a great many of horse-hair. In the way, everybody here uses more horse-hair sutures than we do at home. Mr. Victor Horsley uses horse-hair exclusively in his work.) Mr. Owen leans to the conservative on the question of craniectomy for microcephalous and laminectomy for the paralytic spinal caries. In Phelps' operation he uses no Esmarch as I do. Mr. Owen is the great advocate in London of Phelps' operation, insists on putting up the foot, after free section, in a straight over corrected position, and leaves the first dressing on for a week though he has the patient walking around the ward after the first week or ten days. In amputation at the hip joint he prefers to modify Furneaux Jordan's plan by dividing the soft parts straight across and removing the head of the bone afterward. The surgical staff at Great Ormond also bears the names of Mr. Bernard Price, a pleasant gentleman and experienced surgeon, and Mr. John Morgan, besides M. W. Arbuthnot Lane, of whom more will be heard in the future, Mr. Ballance, Mr. Hudson, and a number of assistant surgeons. The consultants are Howard Marsh and Thomas Smith.

On the medical side are Drs. Octavius Sturges, Thomas Horsley, and Dr. Lees. Everybody says Dr. Barlow ought to write a book on diseases of children. His contributions to periodical literature have been very valuable. Then there are a number of assistant physicians on the visiting staff, besides those in the out-patient department, and the house staff. The work at Great Ormond goes along with a precision and a thoroughness that strikes every visitor with admiration.

THE EAST LONDON HOSPITAL FOR CHILDREN.

I cannot forbear a short mention of the above-named hospital which is doing an immense amount of good among the children of the slums of East London. This is down near the docks and the notorious White Chapel district, and the need of such an institution was long felt before Dr. Heckford, in 1868, soon after the cholera epidemic, undertook the relief of the suffering in an old saloon.

near the wharf. Now the hospital has good buildings and equipment, with one hundred and two beds, and is well supported. This hospital treats between twelve and thirteen hundred in-patients, between six and seven thousand out-patients, besides over eleven thousand casualty cases, annually—all children. Dr. Eustace Smith, the well-known author, is senior physician here. He appears a very unassuming and agreeable gentleman, and himself a student, as well as an excellent teacher. He seems to know all about a child inside and out, but nothing apparently pleases him so well as to diagnose chest diseases, which he does with consummate skill. One would guess his age at nearly fifty. He's a very English looking man with the short mutton-chop whiskers so much worn here. His hair is gray, and he has gray eyes set rather close together, and a prominent nose, which together give his face a shrewd expression. He has a pleasanter manner than most Englishmen. He does a very large consulting practice. The senior surgeon at the Eastern hospital is R. W. Parker, who, it will be remembered, devised the angular tracheotomy tube which bears his name, as does also a treatise on diphtheria. He has done a great deal of work in that line and still enjoys discussing it. Personally, he reminds one of Dr. Knowlton of Cleveland, but is much older.

Then there are the North Eastern Hospital for Children, and the Victoria and the Evelina. I shall have occasion to refer to them again.

MR. J. HUTCHINSON'S LECTURE.

On the afternoon of May 25, Mr. Jonathan Hutchinson gave the second of a course of six lectures at London Hospital. The subject announced was "Strangulated Hernia," but before the lecture a number of various clinical cases were brought in and the venerable gentleman gave a most lucid demonstration of each case. His personal appearance reminds one at a glance of Dr. G. C. E. Weber, excepting that he is slightly bald and has not quite Dr. Weber's upright carriage of head and shoulders. He talks most fluently, without the slightest hesitation either for ideas or language, touches all the salient features and yet, by never repeating himself, covers a broad field in a short time. Without repeating all his

remarks a few of his ideas may be of interest, although presented here disconnectedly. In a case of suspected malignant disease in the tibia of a child, he said that he has considerable evidence to show that children born of old parents are more subject to malignant growths than children born of young parents, or those in the ordinary period of parentage. He is not willing yet to announce his belief in this as a pathological law, but is strongly suspicious that such is the case. He would favor naming the lesions of tertiary syphilis which resemble lupus, "syphilitic lupus." He prefers to call *pseudo-hypertrophic muscular paralysis*, by its other name—Duchenne's paralysis, because there is sometimes no hypertrophy of the muscular tissue at all, but may be atrophy instead. When this last case was brought in Mr. Hutchinson remarked that though it scarcely belonged to his department, he had always maintained that a medical man in any department should know something of other departments than his own, and that unless he did he would not be very competent in his own special branch. The general principles of pathology underlie all medicine and surgery, and perhaps he could, after all, draw a lesson from the case in hand. Duchenne's paralysis, he said, resembled retinitis pigmentosa, and also Kaposi's disease, in one particular, namely, that where you find one case in a family of children you are almost certain, upon searching, to find another case in the same family. The clinical talk having consumed all but ten minutes of the hour, Mr. Hutchinson launched upon the subject of strangulated hernia. He passed by the rare and obscure forms of internal strangulation, confining himself to the ordinary umbilical, inguinal and femoral herniæ and talked mainly of the treatment. The gist of it all was in deprecation of the prevalent opinion that the taxis is dangerous.

THE TAXIS ADVOCATED.

He desires to advocate the taxis. Thinks that the old-fashioned practice of the taxis has fallen altogether too much into disuse since the advent of antiseptics has led to such free and fearless cutting into the abdomen and everywhere else. He says that many cases are operated upon which might better be reduced by the taxis. He does not believe that the results in the treatment of strangulated herniæ are any better now than formerly; in fact, he thinks they

are not so good as when the taxis was more relied upon and herniotomy less frequently resorted to. While ovariectomy and certain other operations show wonderfully better results since antiseptics, and especially since asepsis, the statistics of strangulated herniæ have not improved. He referred to a table of statistics published by a former surgeon of London hospital, which showed that of one hundred cases of strangulated herniæ sixty-six had been reduced by taxis and made a good recovery, thirty-three had been operated upon with the knife and eleven lost. These figures he compared with some he had prepared showing the present practice, as he thought, pretty accurately. Of one hundred cases, twenty-five were reduced by taxis; of the remaining seventy-five, upon which herniotomy was performed, thirty-seven were lost. He also gave statistics, lately published, of a hospital in Stockholm, as follows: Of one hundred cases fourteen reduced by taxis, and of eighty-six operated upon twenty-one are lost. He advised the class to study very carefully the application of the taxis and to remember that the danger lay not so much in using it as in delaying its use. Delay was not to be measured by hours, but by the tightness of the constriction, the completeness of the strangulation. The dangers of the taxis have been exaggerated. He did not, of course, advocate violence in the manipulations; he did not know that he had ever been really rough in his handling, but he had certainly sometimes used the whole strength of his hands. The force must be used skillfully in the right direction. It is the more necessary that the taxis be well studied because any practitioner not practicing in a locality favored with hospitals and skilled surgeons is likely at any time to be called upon to treat strangulated hernia and not to be able to shift the responsibility. Herniotomy is not an easy operation—not always. This is one reason he assigns for the high mortality. There are two operations which any practitioner may be called upon to perform, which though sometimes lightly spoken of, are not easy, which are liable to be very difficult and embarrassing; these are herniotomy and tracheotomy. Anybody with any mechanical skill can make an amputation or cut for stone after seeing it done, but not so with herniotomy or tracheotomy. The statistics he had given were of the practice of skilled surgeons of

more experience than the majority of practitioners could hope to enjoy, and the fact that the figures showed so badly was certain evidence that the present practice was not the wisest to advise them to adopt, though certainly, in the internal forms and where taxis fails, the knife must be resorted to.

THE WET NURSE IN POETRY.

I seldom can pass an old book stall without at least a glance at the dingy covered tomes there displayed, and now and again I am rewarded by finding something of interest. The other day I chanced upon a work entitled, "Infancy, or the Management of Children, a Didactic Poem in Six Books." By Hugh Downman, M. D., Edinburgh, MDCCLXXXVIII. As this is a copy of the fourth edition, there must have been some demand for it in its day. Perhaps a sample of its quaintness may be not unentertaining. See how, in these prosaic times, medical science looks when done into poetry. Our author is directing the selection of a wet nurse.

"But shouldst thou e'er be doom'd,
Votares of truth and virtue, to resist
Th' impulsive warmth by their eternal hands
Implanted; to resist the liberal call
Of duty and desire; condemned by ails
From causes unforeseen to tear the Pledge
From thy fond bosom; while thy sickening heart
Bleeds at the thought, condemned to render up
Unto another's care, the Babe, thy love
Beyond expression dotes on: Let my lays
Direct thy choice for the momentous task
Whom to retain, what Parent to adopt
For thy unconscious young one; for from her
Not only nutriment perhaps he takes,
To life and growth subservient, but who knows
How far the stamina yet unevolved,
How far the soul herself as yet unformed,
For texture, vigour, passions, intellect
On this thy act depend? Far from the bounds
Of the rank city, let some trusty Friend
Explore the strawrooft cott; there, firm of nerve,
Her blood from every grosser particle
By hardy labor and abstemious Fare
Sublim'd; the honest peasant's mate shall ope
Her hospitable arms, receive with joy
The infant Stranger, and profusely yield
Her pure balsamic nurture to his lip.
But since the keenest eye may be deceived,
And vice will lurk amid the country haunts
To innocence devoted, it were meet
T' investigate among the village Tribe
Their Neighbor's mode of life. Heeds she the laws
Of matronlike sobriety? Her fame

Is it from all suspicion clear? Her foul,
To wedlock true? Feels she a Parent's love?
To her own Offspring tenderly benign?
Does she her husband's constant heart possess?
Nor seeks he foreign pleasure? Every doubt
Extinguish'd here; still curiously persist,
Nor terminate thy search; examine round
Her little mansion, see if there, in spite
Of poverty, the step of cleanliness,
Attractive Nymph, unhesitating treads.
Her age too claims thy notice; let not time
On restless wing have stolen from her face
The bloom of youth, nor be she green in years.
For to-pid, or impaired by frequent use,
The flexible vessels which convolved in maze
Wrapp'd within maze, secrete the purer stream,
Their office will more sparingly perform,
Or less nutritious particles supply.
And if thy nurse be young, the thoughtful mind
Of prudence would not to her charge confide
What claims exactest assiduity,
And serious vigilance. There are who think
Too subtle in their theory, the Nurse
Should with the Mother aptly coincide
In age and temperament; but heeding well
The precepts we have given, thou may'st neglect
Such trivial niceness; Health from each extreme
Removed, is not to color of the hair,
Or to complexion tinged with red or brown
Confined: Excess thou should'st indeed avoid
Of plump or lean, nor would I choose th' adult
And highly bilious, or the fable hue
Of clouded melancholy. Be it then
Thy primal care to fix on vigorous health
Adorned with smiles, the lovely progeny
Of constant cheerfulness, and sweet content.
Nor would I (tho confess a quality
Inferior in its kind) not prize the voice
From harshness free, whose soft tone can compose
The froward Babe, or gently bid it wake,
And view the young-eyed morn."

MEDICAL SOCIETY REPORTS.

CUYAHOGA COUNTY MEDICAL SOCIETY.

The regular meeting of the society was held on June 7th. Dr. F. E. Bunts presented a report of a case of malignant growth and extensive degeneration of the kidney and exhibited both the diseased and the sound kidneys, together with microscopic preparations from each.

Dr. Wm. E. Bruner reported on progress in ophthalmology, giving a brief review of the present status of the use of Javal's ophthalmometer, skiaskopy and the sub-conjunctival injection of mercuric bichloride, the increasing recognition of strain of the external eye

muscles as a cause of asthenopia, and the passage of laws in several states for the prevention of blindness.

In response to a request, Dr. P. H. Sawyer entertained the society with a brief description of the recent trip of a number of members of the medical profession in the city to Hot Springs, Va., and remarks on the proceedings of the Congress of American Physicians and Surgeons at Washington. Dr. Wm. T. Corlett narrated some of his experiences at the International Medical Congress at Rome.

Dr. A. G. Hart made some remarks on vaccination and a strong appeal for thorough vaccination throughout the city. An animated discussion followed on the subject of vaccination, and especially the comparative disadvantages of bovine and humanized virus, which was participated in by Drs. Tuckerman, Aldrich, Hart, Bunts, P. H. Sawyer, Quirk, Herrick, W. C. Weber and Irwin. Those members who had had extensive experience in the use of humanized virus agreed in a recognition of the comparative unpleasant and unsatisfactory results of bovine virus in many cases.

MEDICO-LEGAL SECTION OF THE CUYAHOGA COUNTY
MEDICAL SOCIETY.

At the regular meeting of the section, held June 14, the subject for discussion was the legal control of insanity at an early stage.

Dr. W. J. Scott presented reports of two cases. In the first, legal guardianship had been asked for on account of incompetency to manage business, to prevent dissipation of property, but it was decided, largely on the testimony and opinions of those interested in preventing legal control, that incompetency did not exist, although the progress of the disease finally brought the patient to the insane asylum, after he had lost all of his property and left his family destitute. Dr. Scott criticised the legal action in this case and the lack of proper discrimination in the acceptance of expert testimony.

The second case was one of melancholia with insane impulses, which finally led to the infliction of serious injuries on the patient's children, in one case fatal. The diagnosis of hysteria had been made, although hallucinations and delusions existed, and in this case the medical attendant was to be criticised for the failure to recognize the serious condition before the occurrence of disastrous results.

In the general discussion, Judge Noble spoke of the present status of expert evidence in the courts of this country and the ineffectiveness of present methods. He also explained the methods adopted in other countries to overcome the difficulty.

Drs. W. C. Weber and H. J. Herrick reported cases of insanity in which early control and treatment had probably prevented dangerous conditions and led to recovery.

Dr. C. J. Aldrich exhibited, under the microscope, specimens

from a rectal discharge which bore a considerable resemblance to spermatozoids, and might be of considerable medico-legal importance from the possibility of mistaking their identity in a superficial examination, or if the existence of such bodies were not known. Their size approximated that of spermatozoids, but they were all straight and proportionately shorter, and careful examination would show sufficient difference in appearance to discriminate between the two. They were probably vegetable forms, resembling club-shaped bacilli, but larger.

The section adjourned to meet again on the second Thursday in September.

CLEVELAND MEDICAL SOCIETY.

THE SUMMER DIARRHOEAS OF INFANTS.

In the absence of the regularly appointed speaker, Dr. Powell was asked to open the discussion of the subject, "The Summer Diarrhoeas of Infants." He endeavored first to present the importance of the subject as shown by mortality statistics, especially in the larger cities of America. The various conditions and agencies recognized as causes were briefly referred to, and especially the influence of micro-organisms and improper feeding. Organic material in a state of decomposition, under the influence of the intense heat of the midsummer months, poisoned the air of the crowded portions of cities, and the milk upon which these infants depended was charged with noxious germs and chemical products. Especial emphasis was laid upon the importance of guarding the milk supply designed for city infants. He advocated following the plan adopted in New York of establishing depots where milk of doubtful quality could be Pasteurized and sold at cost. Over thirty thousand bottles were sold at one depot last summer, and the results proved so favorable it is designed to open five such depots this summer. He regarded this point as the most important connected with the subject under discussion. The establishment of such milk depots would be true philanthropy at present. The time will probably soon come when investment in this will repay the capitalist.

DR. W. A. KNOWLTON.—*Mr. President:*—I heartily endorse the remarks of Dr. Powell on infant feeding. Cow's milk, when of good quality and properly treated, is the best substitute for mothers' milk. The physicians of this city should encourage the furnishing of good milk by private enterprise. The field is open and inviting. Whoever will enter it and deal honestly and intelligently can make a fortune and save many lives. Milk should be produced from selected cows subject to inspection at any time, and fed, watered, stabled and cared for generally according to regulations. The milk should be cooled and sealed up in sterilized bottles or cans and delivered daily. In warm weather—and better all the year round—

the milk should be sterilized or Pasteurized by the dealer. The entire plant and methods should be constantly open to inspection by physicians and health authorities, so that no doubts may arise relative to the quality of the goods. Farmers will readily undertake to supply a dealer operating such a plant, with milk produced under inspection and in accordance with necessary regulations, if they are well paid for it. No large capital, therefore, would be needed to start and carry on a business of this kind. The sterilizing and bottling establishment should be in the country near the dairy farms.

Condensed milk agrees well with some children. The same is true of malted milk. In some cases of summer diarrhoea in infants a good substitute for milk will be found in a gruel made from the dough-ball boiled for several hours. For a short time beef-juice serves a good purpose in some cases. There are no hard and fast rules about feeding babies. I have seen a young infant thrive in hot weather on soda crackers after regulation diet had failed; of course, most infants would perish on such food.

In most cases of summer diarrhoea opiates and astringents are contra-indicated. The alimentary canal should be freed as far as possible from irritating matters. Mild salines with plenty of water often do good. Fractional doses of calomel are serviceable. In persistent cases (colitis and entero-colitis) flushing the colon with sterilized water or with solutions of tannin, and especially with weak solutions of nitrate of silver, gives good results. I have found nitro-muriatic and boracic acid and potass. chlorate in small doses, given per orum, all serviceable. In true cholera infantum, after freeing the alimentary canal, opiates, belladonna and astringents may be useful. Of astringents, I prefer acetate of lead.

DR. H. C. BRAINERD.—In the question before us—prevention—dietetic care is the matter of first importance. Prevention is nobler than cure. In the Protestant Orphan Asylum we use scarcely none of the proprietary, prepared foods. We feed our babies cows' milk, humanized as nearly as possible. To state it briefly, fresh, pure milk is let stand in pans an hour or two till the cream is rising and the curd settling, when the upper half is dipped off; to this half a proper quantity of sterilized water and sugar of milk is added and the whole Pasteurized. This formula for preparing infant food is the sublimate of fifteen years' orphan asylum experience, and with it we have no cholera infantum or dysentery.

But I am aware that most of this society do not attend babies in an asylum. The little sufferer is either brought to their office in its mother's arms or they are called to its crib-side after all the symptoms are well developed. The summary of my treatment then would be: First, an absolute cessation of all food for some hours. Second, give quite freely of pure, cool water. Third, locally, heat to the feet, stimulants to the abdomen, cold to the head. Fourth, administer such antiseptic remedies as calomel, arsenite of copper,

salol, bismuth, soda bicarb., as indicated. Administer opiates and astringents only when urgently indicated, and then with caution. Fifth, begin the feeding with thoroughly sterilized food in small quantities.

DR. H. C. LONG.—It has been brought out in the discussion to-night that hypodermics of morphine are used frequently in the treatment of summer diarrhœa in children of all ages. As it is a known fact that the opiates are not well borne by infants, it seems to me a better policy to give some of the milder preparations by the mouth in young infants, unless it be impossible for the babe to tolerate it on the stomach. I should like to ask Dr. Powell, as an authority on the subject, in how young infants he considers it safe to give morphine hypodermically.

DR. POWELL answered by saying that he gives it frequently to infants six months old in doses of $\frac{1}{16}$ of a grain, without any bad effects whatever.

DR. G. A. ORWIG.—Up to this point in the discussion nothing has been said which would lead one of little experience in treating these summer diarrhœas to think that they were anything very serious, or that much besides careful attention to the diet of the infant was required to cure them. A little calomel or salts for a physic, plenty of pure water to drink and Pasteurized cow's milk for food would seem to be sufficient for restoration to health in most cases. If all cases came to us in the beginning of the attack this line of procedure might generally be successful, but in actual practice we see comparatively few cases at this early stage of this disease. Many of the cases brought to us have been sick from two or three days to as many weeks, and will baffle our best efforts to restore them to health.

I am surprised that nothing has been said of those cases which are accompanied by excessive emesis, in which not even a half-teaspoonful of cold water will be retained in the stomach, much less a dose of salts or food of any kind.

In these cases I am in the habit of giving very small doses of calomel—from one-twelfth to one-eighth of a grain, with two grains of the sub-nitrate of bismuth—dry on the tongue or with just sufficient water to enable the child to swallow it. This dose is to be repeated every two hours until six or eight powders have been given, when the vomiting will be stopped or controlled sufficiently to admit of the administration of remedies directed to the control of the diarrhœa and the giving of small quantities of beef-juice or sterilized milk with lime-water. Should the first powder be immediately rejected, another is given in fifteen minutes. I have seldom found that more than two have been thrown up. Frequently, the

diarrhoea will also be partially controlled by these powders, and the further treatment is to be directed by the severity of the symptoms and the causes of the disease.

DR. TUCKERMAN.—I am glad to hear Dr. Powell emphasize the withholding of all food and the free ingestion of hot water in these cases of cholera infantum until the alimentary canal is cleared of fermenting substances. In 1883, I demonstrated by means of a duodenal fistula in the dog, that milk passes directly from the stomach into the duodenum to be there primarily digested by the pancreatic, biliary and intestinal secretions rather than in the stomach by the gastric juice. Since that series of experiments, I have regarded it as an indication of atony of the muscular coat when milk remained in the infant's stomach long enough to curdle, instead of passing at once into the duodenum. It would seem that there are other elements besides the heat and the decomposition of organic materials that serve to intensify cholera infantum in this city. The cloud cap of soft coal smoke that overhangs the city should also be credited with its due share, for, while it lets the heat rays through, with scarcely any diminution, it notably obstructs the passage of the actinic rays which stimulate the life processes in both vegetable and animal. Trees die under it, corn will not fructify, grapes will not ripen under it, and how can the sensitive organism of a child thrive where vegetation will not flourish? Photographers say that on sunshiny days when the smoke is thickest the sensitized film will not print with half the rapidity it ought to. This obstruction of actinic ray gives a peculiarly depressing quality to the heat in the heart of the city, which is escaped when once you get outside the city limits.

It is very much to be hoped that there may be depots established where milk of guaranteed quality and Pasteurized may be obtained. In default of such I have relied chiefly on a mixture of white of egg and dilute lime-water, in the proportion of one egg to two ounces of lime-water and four ounces of boiled water. I have had better results with this than with any of the official artificial foods.

NOTES ON THE ZANESVILLE MEETING OF THE OHIO STATE MEDICAL SOCIETY.

The address of welcome by Dr. E. C. Brush contained several hints of the pride which aristocratic old Zanesville feels in matters pertaining to the State society and professional culture. The names of Hempstead, Hildreth and Ball inspire reverence alike among doctors and soldiers. They were heroes, each in his own sphere, and their names stand for that which is cultured, refined and noble. It was most appropriate that such men should be remembered in brief tribute to their exemplary qualities.

The treasurer's report showed that the society had nearly doubled

its active paying membership in the last two years of its existence. The report was most gratifying in that it stated that the guarantee fund of five hundred dollars, with the exception of one hundred and twenty-five dollars, had been paid, and that with the advance of about forty dollars by the treasurer all obligations to date were met.

The report of the secretary was largely devoted to *status of membership*, an intricate question of considerable importance. However, the adoption of the "new constitution" allows us to forget the confusion of the past. There was but little said for or against its adoption. All members had evidently perused it and were satisfied with it. The vote in favor was unanimous. The county societies are recognized as very important, but they are not the fundamental basis of the state organization. Delegates from such auxiliary societies must pay dues for the current year before they can take part in the proceedings, and can become permanent members by payment of dues and initiation fee. Those not holding membership in auxiliary societies must be vouched for by two permanent members before their initiation fees and dues will be accepted. Further, auxiliary society members can join without being in attendance, while non-members must present application in person. This may not be satisfactory to those few who want the whole professional organization of our state changed. So long as district societies exist, and they do not seem inclined to lie down and die, it is hopeless to attempt to build a state society on the county society basis. Enough said. We have adopted a good working constitution. Let us unite in making the society grow and wield an influence for the advancement of the science.

One feature of the Zanesville meeting deserves special notice. There were two papers on biological subjects, one by Professor Kellicott of the Ohio State University, and the other by Professor McMurrich of the University of Cincinnati. The eager manner in which these papers were received was a double compliment. The professors were pleased and the society did honor to itself in its manifest appreciation of the subject-matter. Sentiments were expressed by many encouraging such a feature of our program for subsequent meetings.

The special course of instruction for preparation of medical students was outlined by Professor Kellicott of the State University. This matter of preliminary training evidently touched a tender chord in the convention of Ohio doctors, a large number of them professors in medical colleges that require little or no preliminary training. The paper was well received by a few who have hopes, aspirations and good resolutions in behalf of the colleges they represent. But on the whole it is a delicate subject to handle, for there are too many of the "guilty conscience" class in such a body.

The subject, "The Prevention of Tuberculosis," was most ably treated by Dr. C. O. Probst, secretary of the State Board of Health.

The cordial manner in which the representatives of the state board were welcomed by the society, two of them being honored by vice-presidencies, evokes the inquiry, Why have not these two bodies been more intimate in the past? They are mutually dependent, the board of health being the offspring of society sentiment and its generous efforts in behalf of sanitary science, and the society imbibing from the successful efforts of the board of health that gratification which tends to cement the bonds which hold its members together in the consciousness that they are a power for good in the state. Sanitary science stands in peculiar relation to doctors. Preventive medicine apparently tends to rob doctors of income. Hence, the laity marvel at our unselfishness in supporting a board of health. They rather expect to find the two bodies in antagonism, the board calling the doctors to account, and hence it is especially fitting that we should have public evidences of their close affiliation, as in the Zanesville meeting.

It was unfortunate that the discussion of this admirable paper did not confine itself to the important question, What can boards of health do toward preventing consumption? The sentiments expressed were rather opposed to the most advanced scientific teachings of the day, and the effect of the paper was not decidedly beneficial, since the gist of the question was lost sight of. "Is consumption contagious?" "What can we do to prevent its spread?" Neither of these were discussed satisfactorily except by the essayist.

Dr. H. H. Spiess' paper most ably treated the relation of food products to tubercular infection. The doctor's articles are always characterized by originality and force—qualifications that make him desirable on any program.

The zymotic diseases were treated of by Drs. Prior, Haldeman and Geo. M. Clouse.

Dr. Samuel Hart, of Marietta, read a critique entitled, "The Doctor." It is a pleasure to hear a paper from the pen of one of such refined instincts and classical culture. The doctor exemplifies the claim of southeastern Ohio to having given to professional refinement a great impetus.

"The Value of Recent Therapeutic Literature" was read by Dr. Wm. C. Chapman, of Toledo. The criticism offered was that the medical pabulum was getting very thin—too much diluted; there was lack of concentration, etc. Now, we can find fault with Dr. Chapman's essay in that he himself is guilty of adding more pages of vague interpretation to our over-crowded journalistic storehouse. The general sentiment was good, but he should boldly come out and say just what writers he denounces. He need not be afraid of hurting their feelings—the self-styled therapists whose occupation is in booming the drugs of certain houses—for they are in it for revenue and can stand a deal of criticism so long as revenue continues.

Dr. Dudley P. Allen reported a year's work in appendicitis..

Thirty cases with but one death speaks well for the diagnostic ability and operative skill of the doctor and his *confreres*. The paper was discussed by Drs. Herrick, Kinsman and Dandridge.

A feature of Thursday's proceedings was the division into two sections. There were a series of ultra-surgical papers and a number of classical essays on general medicine. The interest and discussions were augmented by this division. In the medical section a paper on "Studies in Immunity and Treatment of a Specific Fever, *i. e.*, Hog Cholera," was read by Dr. Kinsman. The object of the experimentation was to determine whether the natural toxins would produce immunity when injected subcutaneously. It was proven quite conclusively that by the fourth day immunity was secured. Discussion was taken up by Drs. W. J. Scott, Fackler, Hutchinson, Conn, Lindsey, Spiers and Graham.

"Is There a Better Remedy in Cholera?" was the title of an exhaustive paper by Dr. Erskine B. Fullerton, of Columbus. It was a masterly analysis of results of treatment and a most convincing argument in favor of the quinine treatment.

Then followed two excellent papers on "Typhoid Fever" by Drs. Robert Peter and John Woodbridge. The character of these papers evidences close observation of this disease, and the natural force and enthusiasm of the writers made the presentation most forcible and instructive.

In the surgical section papers were read by Dr. W. D. Hamilton, Columbus, "Cirroid Aneurism;" Dr. J. C. Crossland, Zanesville, "Aneurism;" Dr. W. J. Conklin, Dayton, "Splenectomy;" Dr. M. Stamm, "Gastrostomy." Dr. Donald Maclean, Detroit, threw a bomb into the surgical camp when he advocated the treatment of fractures of the thigh without extension and a minimum amount of side dressings. He was ably combatted by Drs. Allen, Freeman, Stamm, Herrick, Reamy, Larimore and Forbes. Dr. Maclean does not usually write without conviction, and this, with his extensive experience, leads us to believe that we may look forward to this subject as a ground of many polemical tilts in the future.

Dr. Hunter Robb read a most instructive paper on "The Practical Application of the Principles of Sterilization."

Both of these gentlemen were subsequently elected honorary members of the society.

We pass over many interesting papers—"Rachiotomy," by Dr. Oliver, "Uterine Diseases," "Hernia," and a most able address by President Dandridge, and hasten to mention certain interesting features of the executive business transacted.

The following officers were elected for the ensuing year: President, D. N. Kinsman, Columbus; first vice-president, C. O. Probst, Columbus; second vice-president, M. Stamm, Fremont; third vice-president, J. C. Buckner, Cincinnati; fourth vice-president, Robert Peter, Canal Dover; secretary, Thomas Hubbard, Toledo; assistant

secretary, Charles Graefe, Sandusky ; treasurer, James A. Duncan, Toledo.

Committee on Finance, term 1892, F. C. Gray, Dayton (unexpired term of Dr. Pomerine, deceased) ; term 1894, N. P. Dandridge, Cincinnati. Committee on Ethics, F. C. Larimore, Mt. Vernon. Committee on Publication, Jno. P. Sawyer, Cleveland. Committee on Legislation, Wm. D. Hamilton, Columbus. Committee on Admissions, W. C. Chapman, Toledo.

The society endorsed the Mosgrove Medical Bill, and telegrams were ordered sent to Senator Mosgrove, thanking him for his services, and to the House, endorsing the bill.

It was voted to establish a "Special Committee on State Legislation," to be composed of one representative from each county society, and where none exists, from each district society ; and where neither exist, a representative is to be elected by said committee.

On this interesting subject the workers who have been in attendance at Columbus, commending the earnest advocates of medical laws and noting and checking the many foibles of the demagogues, gave the society the benefit of their valued observations. Dr. J. C. Graham, Dr. H. P. Allen and Dr. Coleman, of Columbus, spoke earnestly and forcibly, and Dr. J. C. Culbertson, subsequently appointed chairman of the committee, and Dr. Thompson appealed to the society to stand by the guns and hold what ground we have secured. There was one common spirit pervading the whole discussion. Usually, after defeat, the subject is most willingly dropped; but there was a feeling on this occasion that a vantage ground had been gained and that we were going to hold on to it. Next session we will start in well organized and with experienced leaders, and if the profession will stand up and consistently ask for their rights there is little doubt but that they will be granted.

Resolutions were ordered sent to proper representatives in Washington, protesting against the reduction in the army medical corps and the appropriation for the army medical museum library.

On Thursday evening the society attended the opera, "Chimes of Normandie," and carried away with them a most pleasing impression of the enterprise and talent of the Zanesville organization, the Arion Opera Company. The thought was a happy one on the part of the committee of arrangements. In fact, all the provisions for good scientific work and comfort were most admirable.

The Friday morning session was well attended up to the hour of adjournment, and all left with the feeling that the meeting had been a success.

There were in attendance about two hundred and fifty doctors. The next meeting is to be held in Columbus on May 15, 16 and 17. It will be a celebration meeting, this being the fiftieth annual convention. The halls of Representatives and Senate have been secured, and Dr. Kinsman has appointed as his committee of arrangements, Drs. N. R. Coleman, D. T. Gilliam, H. P. Allen, T. W. Rankin and J. C. Graham, all of Columbus.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

SAN FRANCISCO MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The association train of four Pullman sleepers and baggage car left Chicago, May 28th. At Burton, Kansas, it was joined by two sleepers from St. Louis. The trip to Colorado Springs, where the first stop was made, was an uneventful one. At this point the delegates first encountered the heavy rains and floods which embarrassed them during the entire journey. The train was delayed here two or three days, but owing to the excellent hotel accommodations it was not an unpleasant one, and the time was spent pleasantly enough between dancing, excursions to the Gardens of the Gods, Manitou Springs, the Cheyenne Canon and the numerous other places of interest at this most delightful health resort. The local

medical profession entertained us most royally, and the writer is under especial obligations for entertainment at the hands of Dr. Anderson, Dr. Sully and others.

The trip to Salt Lake City had to be abandoned and the Southern Pacific railroad taken. The trip through New Mexico and Arizona was pleasanter than anticipated, a stop of a few hours at Albuquerque, N. M., being much enjoyed. We arrived in San Francisco Monday evening, June 4.

The editors' banquet at the Palace Hotel, Monday evening, was as enjoyable as usual. It was tendered to the editors and their friends by Mr. Queene, of San Francisco, about two hundred being present. Dr. John B. Hamilton was elected chairman for the ensuing year.

The work of the association was as satisfactory as usual, most of the time in general sessions being wasted in quarrelling over points of order and indulging in school-boy oratory. The new constitution and the revised code were defeated, as was anticipated, the doctors of the Pacific slope voting solidly against revision.

Dr. Donald Maclean, of Detroit, Mich., was elected president, Dr. Atkinson, of Philadelphia, re-elected permanent secretary, and Dr. Henry P. Newman, of Chicago, was elected treasurer, in place of Dr. Dunglison, of Philadelphia, resigned.

The work of some of the sections was very good, notably the sections on practice of medicine, surgery, gynecology, pediatrics and ophthalmology. The writer can only speak of the work of the ophthalmological section from personal observation, which was characterized by the absence of old and familiar faces, most of the work being done by young men. We have no doubt that the published papers and discussions of this section will prove fully as good as those of previous years. The attendance upon the meetings of this section was large at each of the five meetings which were held.

The following is a list of the officers of the sections for the next year :

Physiology and Dietetics—E. H. Woolsey, of Oakland, Cal., chairman ; C. G. Cloddock, St. Louis, secretary.

Surgery and Anatomy—J. Ransohoff, chairman ; R. St. Sayre, secretary.

Practice of Medicine—E. W. Kellogg, chairman ; W. E. Quine, secretary.

Neurology and Medical Jurisprudence—D. R. Brown, chairman ; W. J. Gavigan, secretary.

Obstetrics and Diseases of Women—C. N. Martin, chairman ; O. Worder, secretary.

Ophthalmology—Edward Jackson, chairman ; H. V. Wurdemann, secretary.

State Medicine—Liston Montgomery, chairman ; C. H. Sheppard, secretary.

Laryngology and Otology—J. F. Fulton, chairman ; T. J. Gallagher, secretary.

Diseases of Children—E. H. Small, chairman ; G. N. Michel, secretary.

Materia Medica and Pharmacy—W. Helpsey, chairman ; G. F. Hanson, secretary.

Dermatology and Syphilography—A. E. Regensburger, chairman ; D. H. Rand, secretary.

Dental and Oral Surgery—M. H. Fletcher, chairman ; E. S. Talbot, secretary.

The physicians of the Pacific slope maintained their reputation for hospitality, and the numerous receptions, dinners, excursions, drives, hops, banquets, good wine, pretty women—all make one dizzy to think about.

The GAZETTE is under especial obligations shown Dr. Baker by Dr. and Mrs. A. H. Voorhees for their kind hospitality, Dr. Kaspar Pischl for untiring energies in showing the many points of interest in and about the city, and to Dr. George H. Powers for the privileges of the famous Bohemian club.

About one thousand members were present—three hundred from the East and seven hundred from the Pacific slope, which will make a material addition to the membership of the association, as nearly all of those registered from the far West are new members.

On Saturday evening, June 9, Dr. Hamilton, of the Journal of the A. M. A., Dr. Montgomery, of Philadelphia, Dr. Newman, treasurer-elect, and Dr. Baker, of the GAZETTE, took the Mt. Shasta route for Portland, Oregon, after repeated assurances that

traffic was open on the Northern Pacific. Upon reaching Portland we found the entire country flooded, but it is not our purpose to describe the flooded city; however, we were obliged to take the large steam ferry-boat *Tacoma*, sixty miles, to reach dry land. The delays, wrecks, transfers, sand and alkali, the Coxeyites, mosquitoes, poor food, dilapidated old sleeper with no light or water, all together made a journey not soon to be forgotten, and yet one that served to impress upon our minds the magnitude and possibilities of our country.

Probably one of the most profitable features of the meeting was the acquaintances made on the long journey. Like acquaintances made on shipboard, a better knowledge of your neighbor's strong and weak points, his hobbies, likes and dislikes being gained in a week than would be possible in years of ordinary social intercourse.

President Hibbard, who is eighty-two years old, greatly surprised the members of the association with his knowledge of parliamentary usages. The vigor with which he presided surpassed that of a man of forty.

THE ASSOCIATION OF AMERICAN MEDICAL COLLEGES.

The following resolutions were adopted at a meeting held in San Francisco, Cal., June 7th, 1894:

Resolved, That colleges, members of this association, shall require of all matriculates an examination as follows:

1. An English composition in the handwriting of the applicant of not more than two hundred words; said composition to include construction, punctuation and spelling.
2. Arithmetic, fundamental rules, common and decimal fractions and ratio and proportion.
3. Algebra—through quadratics.
4. Physics—elementary—Gage.
5. Latin—an amount equal to one year's study, as indicated in Harkness' Latin reader.

(The above resolution does not apply to students exempt from the entrance examination, as per Sec. 2, Art. III.)

Resolved, That the following classes of students be recognized as entitled to apply for advanced standing in colleges members of this body.

- a. Such graduates of recognized colleges and universities as have completed the prescribed courses in chemistry and biology therein.
- b. Graduates and matriculates of colleges of homeopathy.
- c. Graduates and matriculates of colleges of eclectic medicine.
- d. Graduates and matriculates of colleges of dentistry requiring two or more courses of lectures before conferring the degree of D. D. S.
- e. Graduates and matriculates of colleges of pharmacy.
- f. Graduates and matriculates of colleges of veterinary medicine.

It is proved, however, that the above class of students be required to comply with the provisions of the entrance examination and to prove their fitness to advanced standing by an individual examination upon each branch below the class he or she may desire to enter.

Resolved, That students graduating in 1889 or subsequent classes be required to pursue the study of medicine four years and to have attended four annual courses of lectures of not less than six months' duration each.

DOES THE STATE SOCIETY REPRESENT THE PROFESSION OF IOWA?

According to the Tri-State Medical Journal, the Iowa State Medical society suffers from some of the ills that have handicapped the usefulness of the Ohio State society.

The Iowa State Medical society is composed of about six hundred members, who are supposed to represent the three thousand regular physicians of the commonwealth. It has been stated frequently that the society does not represent the profession. Whether this be true is difficult to ascertain, for no one can say with authority what views are held by those who never attend the meetings. In order to become identified with the organization, a physician must become a delegate from a local society; he must present his credentials to the state society, be accepted and sign the constitution. This requires his attendance upon at least one meeting. Perhaps very few members take an active part in the discussions at their first meeting. Hence, a man may be a member of the society, and yet his views on many important ethical and professional subjects may not be known.

Under the present delegate system the state society is exclusive and perhaps aristocratic. Possibly it is better that it should be so, although many are of the opinion that the delegate system should be abolished, or at least not be a requisite for admission. It is urged that all regular and reputable physicians in the state should be permitted to join on their own motion, and that their presence at the meeting be not required. In other words, it is the view of many that physicians should be admitted by expressing such desire in writing. In several counties there is not a local society. Consequently, a physician residing in such a locality, in order to become a member under our present system, must either organize a local society or join some district or inter-state organization which may send him as a delegate.

It has been often said that our State Medical society represents three classes: the college men, the medical politicians and a few of the rank and file. No doubt these overlap to some extent. If we believe in the greatest good to the greatest number, some system should be adopted by which the country practitioners will be induced to join. The State society ought to represent, not six hundred, but two or three times that number of doctors.

KENTUCKY SCHOOL OF MEDICINE.

At the meeting of the Association of American Medical Colleges, held in San Francisco, Cal., June 7, 1894, the Kentucky School of Medicine of Louisville, Ky., was expelled from the association.

THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

Whatever may have been thought a year ago as to the action of the trustees in selecting Dr. Hamilton as editor of the association Journal, the wisdom of their choice has been fully demonstrated. In this, as in many other matters, the proof of the pudding is in the eating, and it required Dr. Hamilton's executive ability to place the Journal among the great medical journals of the world. At this time, when everybody was congratulating the association upon the great improvement in the Journal, the undignified attack made by the Pennsylvania delegates was uncalled for, to say the

least. And we hope the delegates from that state will not again permit themselves to become the tools of rival publications. The association Journal has too long been under the fostering care of rival journals, and the exclusion of medical editors from the board of trustees should meet with approval.

NOTES AND COMMENTS.

Dr. S. W. Kelley expects to return from abroad about August 1.

Dr. Stewart L. McCurdy, formerly of Dennison, Ohio, has removed to 912 Payne avenue, Pittsburg, Pa. Dr. McCurdy intends to limit his practice to orthopedic surgery and injuries of bones and joints.

Dr. Emory Lanphear, for many years editor of the Kansas City Medical Index, has resigned the chair of operative surgery and clinical surgery in the Kansas City Medical College and has removed to St. Louis. He makes the change in order to become professor of surgery in the St. Louis College of Physicians and Surgeons, one of the oldest medical schools of the West.

Dr. E. Allen Wood, of Pittsburg, died on June 4th of cerebral hemorrhage, in Philadelphia, where he had gone to attend the meeting of the Pennsylvania State Medical society. He was born in Wood's Run, Pa., in 1834. He was the organizer of the South Side Medical society, the oldest medical organization in Pittsburg, and had been president of that society, of the Alleghany County and of the State Medical society. He was also one of the organizers of the Western Pennsylvania Medical College, and was the first professor of dietetics in that institution. He served in the state senate in 1875, and was instrumental in framing the anatomical dissecting act. In addition to his medical writings he was the author of several widely read novels, poems and plays. He was a graduate of the Western Reserve Medical College in Cleveland. In 1859 he married Miss Lizzie Hopkins, of Brownsville, Pa., who survives him.—*Medical Record*.

The Board of Trustees of the Medico-Chirurgical College have recently elected the following gentlemen to various chairs in that institution: Dr. Isaac Ott, of Easton, Pa., professor of physiology; Dr. William E. Hughes, professor of clinical medicine; Dr. Albert E. Roussel, assistant professor of clinical and of practice of medicine; Dr. Charles W. Burr, clinical professor of nervous diseases; Dr. William C. Holleper, clinical professor of diseases of children and pediatrics; Dr. Arthur H. Cleveland, clinical professor of laryngology; Dr. Edward B. Gleason, clinical professor of otology, and Dr. William Blair Stewart, lecturer in therapeutics.

Rarity of Phthisis.—At the recent meeting of the American Climatological association, Dr. Guy Hinsdale, of Philadelphia, called attention to the low mortality from consumption in a district falling partly within New York and partly within Pennsylvania and embracing an area of twelve thousand square miles. Throughout this region there is, according to the best available information, a population of over one thousand persons living, to each annual death from phthisis. The maritime district of New York, including Westchester County and Long Island, has one annual death from phthisis to every four hundred persons living, while the southern tier of counties, from Broom to Chautauqua on Lake Erie, has an average of only one death to one thousand and ninety-one persons living. Coterminous, on the south, with these counties of New York are the Highlands of Pennsylvania—the northern and western uplands behind the escarpment of the Alleghenies, with an elevation of one thousand two hundred to over two thousand feet, characterized by extensive forests, a dryer air and lower temperature than prevails at the seaboard or lake shore, and, by reason of its distance from the storm tracks of the St. Lawrence Valley and the changing temperature of the seaboard, eminently suited for consumptives. In this region, Kane, in the southwestern part of McKean County, has acquired a considerable reputation for consumptives and hay fever victims. The surrounding country is an elevated table-land of two thousand feet elevation; the water courses are small, and fogs, which are common in the valleys, are not observed on this high plateau or “Big Level,” as it is called. Pneumonia, pleurisy and diphtheria are rare in this locality.—*Journal American Medical Association.*

The Occurrence of Hemorrhage After Operation for the Removal of Adenoid Tissue from the Naso-Pharyngeal Vault; with the Report of a Fatal Case. (American Journal of the Medical Sciences, November, 1893.)—The case reported by Dr. J. E. Newcomb is that of an anæmic, somewhat strumous boy, nearly four years of age. There was no evidence of hæmatophilia. The operation was done with the usual precautions. Gradle's forceps and Gottstein's curette were employed. Soon after the child got home an oozing hemorrhage began. The physician, however, was not sent for until twelve hours later, when the child was found in a desperate condition from loss of blood. Death followed shortly. Of eleven cases of hemorrhage (reported by Rousseau), four occurred in the first decade of life, five in the second. The youngest age recorded is four years (Delavan), the oldest is twenty-eight (Ruault). The time after the operation when bleeding began varied from immediately to twenty hours. Tamponing was the favorite measure of relief employed. Patients from whom adenoid tissue is removed ought to be kept under careful observation for at least twenty-four hours.—*International Medical Magazine.*



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ORIGINAL ARTICLES.

**NATIONAL AND MUNICIPAL RELATIONS OF THE
MEDICAL PROFESSION.***

BY PROF. WILLIAM PEPPER, PHILADELPHIA, PA.

The movements of the medical profession in this beautiful city of Cleveland and in the northern part of this great state of Ohio must naturally attract widespread attention. Under any circumstances such would be the case, and it is doubly true when these movements are, as at present, so conspicuously in the direction of the greatest interests of the community and of the profession. The members of your society, Mr. President, have conceived their duty in the true sense of those weighty words of Bacon: "I hold every man a debtor to his profession * * * to be a help and ornament thereto."

This is an age of organization and co-operation. The conditions of individual life change less radically and less rapidly than do those of organized society. The struggle for existence; the burden of passion and sorrow and sin; the unreasonable hopes of vanity and the painful dispersion of illusions; the yearning for affection and applause and the unsatisfying share allotted to most,—these remain the destiny of selfish individual man. Only to those who can free themselves from the domination of self, and who can in some measure become absorbed in the larger conception of the community, do the advancing years bring gifts of peace and of healing

*Read before the Cleveland Medical Society, June 22, 1894.

for the self-inflicted wounds of life. High office and great power prove Dead Sea fruit until we learn they are only opportunities for willing and lowly service. Wealth is found a burden until the truth becomes clear that it is a trust to be administered for the good of society. Is it not a growing conviction of these facts that must impel to the countless combinations into which we, poor, restless, helpless units, enter in search of the larger, stronger and more abiding and satisfying life which is found here only in association?

To none are the wisdom and the happiness of altruism so manifest as to physicians; and I think that to this fully as much as to the charms of scientific study is due the fact (for such my intercourse with men and women has taught me to believe it) that physicians are the most contented and the happiest class of mortals.

At no period in the history of medicine have physicians failed to be the earnest advocates of every measure to promote the sanitary welfare of society. Instances of obstinate conservatism or of ignorant prejudice are indeed to be found. One recalls the bitterness with which Lady Wortley Montagu inveighed against the London doctors of her day for their determined opposition to inoculation—an opposition which she persisted in regarding as based on the most mercenary selfishness. She contended that they refused to sanction the new practice only because they foresaw it would so greatly lessen the amount of small-pox which at that time, as you know, was almost constantly prevalent in epidemic form. But one must also bear in mind the inherent dangers and defects of inoculation, and, on the other hand, the swift and triumphant reception of Jenner's immortal discovery of vaccination, if we would judge fairly the attitude of the profession. I can myself recall with a strange feeling of amazement and self-distrust the cruel treatment I saw accorded to that great man and dauntless pioneer, Washington Atlee, who was shunned as an Ishmaelite by the leading men of Philadelphia, in the early days of ovariectomy. Well may we ask ourselves whether we, in our turn, harbor any class prejudices or refuse to recognize any new epoch-making truths merely because opposed to our personal feelings or to our imperfectly informed opinions.

Upon the whole, however, I believe that the true attitude of the medical profession has come to be appreciated and honored by the

world. Devotion to great public interests; the extension of tolerance to opposing views; the death of dogma and pretentious mystery; the splendid growth of scientific truth—these are the influences which are advancing the position and power of the profession to a point far higher than it ever occupied before. In all ages medical men of exceptional genius and force have exerted vast personal influence on public opinion; but, as with all personal authority, the effect has been short-lived. *In verba magistri jurare*; the infallibility of this, that and the other great school and eminent teacher: so it went from Aristotle to Harvey. Since then the reign of facts; the dethronement of all authority in things natural save that of nature; the substitution of the instruments of precision of the laboratory for the hair-splitting logic of the schools: and inevitably comes with this a clear-eyed worship of nature, a larger tolerance of individual differences of opinion, a recognition of the trifling value of such differences in comparison with the grandeur of truth and the vast mass of our own ignorance. Even in theology the age of religious intolerance draws to its close; the last chapter of its ghastly annals is being written, and it is no longer traced in human tears and blood. The noblest and most encouraging occurrence of this century seems to me to be the marvellously rapid spread of the illuminating doctrines of Darwin, and their incorporation in the thought and speech of the world, and in the very teachings of the churches.

The old intolerance, against which the Renaissance had to contend, blazed out on the first announcement of this grand generalization; but the speedy abandonment of the struggle against scientific evidence proved how shorn are its powers of opposition and how helpless it will ever be hereafter to hamper the freedom or retard the progress of human thought. Future ages will point to the triumph of Darwinism as the crowning intellectual achievement of the nineteenth century.

It is not necessary to remind this audience of a single one of the great triumphs which mark the onward march of medical science in the recent centuries. Vesalius and Pare, Harvey and Sydenham, connect themselves with Bichat and Laennec, with Hunter and Jenner, with Pasteur and Lister, with Virchow and Koch, and the torch of

genius is passed down the line of these immortals and lights up the ages with the splendor of their achievements. But it is sad to reflect upon what has been done as contrasted with what might have been. The dense ignorance of rulers and masses on scientific questions; the slow progress of sound, useful education among the people; the huge claims of imperialism and of militarism; the wanton waste of luxury, have retarded research, have left but paltry sums available for the diffusion of knowledge, have hindered the embodiment in legislation and in actuality of much that would help the healing of the nations. The sad divisions in the ranks of the medical profession and the absence of proper organization are also largely responsible for the scant attention paid to the claims of science and of preventive medicine. Surely we must cherish strong hopes that ere long some fair and honest way may open to unite all true-hearted medical men in the common cause of studying nature, of seeking truth, and of relieving the sufferings of humanity. And if we must still wait for the day when all sects in medical practice shall be absorbed and united in the spread of rational and scientific medicine, there can be no excuse for any delay in the pressing duty of the hour—the duty of organizing for the prevention of disease. When the International Medical Congress met in Philadelphia in 1876 the address on “Hygiene and Preventive Medicine,” delivered by the distinguished Bowditch, himself a pioneer in sanitary science, was one of the most impressive utterances on that important occasion. The review he gave of the work of the previous century in this country in sanitary science was not flattering; but with the fine enthusiasm which marked that gifted man he predicted the immediate opening of the grandest epoch yet seen in the history of medicine. His closing appeal must be quoted: “Our present duty is organization, national, state, municipal and village. From the highest place in the national council down to the smallest village board of health we need organization. With these organizations we can study and often prevent disease.” Much had been accomplished, it is true, in preventive medicine before 1876, when Bowditch spoke; but it is scarcely an exaggeration to say that the progress in the past twenty years has been greater than in the preceding twenty centuries.

When the day arrived on which we needed no longer to depend on general arguments as to the value of cleanliness, and the probable importance of quarantine and isolation in checking the mysterious spread of epidemics, but when we could point to the true, only and specific cause of deadly diseases, our position before the community and the duty of the community toward preventive medicine were changed radically. It is almost impossible to grasp the full significance of such simple statements as these: About one-fifth the entire human race perishes from tuberculosis; tuberculosis is inseparably connected with and demonstrably dependent upon a specific minute organism; there are various causes which tend to make our bodies accessible to the invasion of this parasite, but if there were no tubercle bacillus there could be no tuberculosis; the conditions which favor the development and the diffusion of these bacilli and those which, on the other hand, tend to destroy them, are capable of accurate study. In these few words are presented the most important subject of human interest. What does it matter in comparison if a famine carry off its thousands or tens of thousands or if cholera destroy its thousands and paralyze the commerce of the world for a season? These are indeed grave troubles; they also come under the same rules of scientific study as does tuberculosis. But such calamities, although their abrupt and tragic nature makes them impressive, are mere trifles as compared with the ravages of tuberculosis, which are indeed so universally prevalent, so apparently resistless and inevitable, that for ages men have acquiesced as though it were a Divine dispensation. Remember also that it is not alone the human race which is crushed by this burden. Our domestic animals are terribly prone to its attack. Vast pecuniary loss results; and, far worse than this, the entire community is in constant and urgent danger of infection from the tainted products of tuberculous animals. It is not necessary to deepen the darkness of this picture by alluding to the ravages of acute infections such as diphtheria and typhoid fever. Truly one may exclaim: The times of their ignorance God winked at, but now commands all men everywhere to arouse and to unite in the struggle against these foes which go so far to destroy the safety and the happiness of human life. In what single household of this land are there not bowed heads and

stricken hearts, and at the threshold the Angel of Death to carry away our fairest and our dearest, after months of helpless wasting misery, or after only a few hours of fierce agony?

I know of the good work done by this Medical Society of Cleveland, and how bravely and strongly you did your duty by this community when grave danger of an invasion of Asiatic cholera threatened our land. I know, therefore, that I appeal to those who already agree with me when I urge the most determined and united efforts to secure from our municipalities, our state legislatures and our national government a full recognition of the priceless service preventive medicine is ready to render to the race. It is by medical men and by specially trained health officers that these services must be performed. It is already recognized that every village must have its board of health, every county its sanitary organization, every state its general staff of health officers and its central bureau from which the sanitary work of the entire commonwealth may be supervised and co-ordinated. The time has come when the magnitude of the interests at stake, and the vast progress in certainty of knowledge and in accuracy of method make it imperative that preventive medicine shall be officially represented in the highest councils of the nation. Quarantine against the invasion of infectious diseases from without our territory is far from being the whole, or even the most important part, of the labor which will fall under the Department of Public Health. Quarantine is indeed of immense importance, and all of us are glad to testify to the admirable efficiency of its administration by our Marine Hospital service. There is good reason to hope that the organization of the Pan-American Congress has brought about conditions highly favorable for the more extended and successful study of the problems of international quarantine and for the effective employment of the remedial measures that may be decided upon. The more difficult questions before us pertain to the enforcement of the principles of preventive medicine within our own territory, and against diseases which are indigenous among us. It is certainly with no intention of urging any special mode of securing this essential result that I venture to allude to the subject now. I know that it brings up the large questions of state rights and of over-centralization. I know that it involves a

suspicion of desiring to interfere with the work now so well done by the Marine Hospital service, which is included in the Treasury Department. But when we reflect that the field to be covered includes the infectious diseases of our crops and of our domestic animals, as well as of human beings; that the avoidance of the pollution of water-courses, and of the contamination of the food-supply is inevitably involved; that the necessity of uniform methods of study, of registration of data and of publication of results is obvious; that the existence of effective machinery to transmit information promptly and to secure co-operation at various and possibly widely separated points seems essential,—it appears clear that the separate and individual action of the states can never suffice for the great purpose in view. This entire matter of scientific preventive medicine is new. The progress it is making is marvellously rapid. There will be an absolute necessity in a few years for a central bureau at Washington in order to secure adequate study and effective treatment of problems involving the entire country; and it will be as advantageous to do it from that central point as it would be tedious and uncertain to depend solely upon the separate action of all the states. It will be by the federation of the states on this additional point of public polity that the work will be accomplished. No one need fear but that, apart from the questions which require national consideration, there will be an enormous and incalculably important work in preventive medicine for each state to attend to within its own confines.

It is evident also that it will be difficult to adjust this large work of national preventive medicine with the existing departments and bureaus at Washington. No one can fail to recognize the force of Surgeon-General Wyman's argument in favor of continuing quarantine in the charge of the Marine Hospital service and in connection with the Treasury Department. On the other hand, it is difficult to overlook the intimate relations which the problems of preventive medicine must entertain with the Departments of the Interior and of Agriculture. Upon one point all must agree—that the sanitary interests of the nation demand imperatively a national organization and representation. Upon another point I believe all will ere long come to agree—that there are several of the existing departments

at Washington which do not exceed in scope or in importance the work which must be done in national sanitation when the people are at last aroused and instructed in regard to it. Upon a final point it seems equally clear that there must be an agreement. So long as various measures—not only differing in detail but antagonistic—are pressed upon Congress with only divided or sectional support, no important legislation will be secured, and doubt will be encouraged as to the actual necessity for such legislation. We may be assured, however, that the wisdom and public spirit of our profession will be equal to the occasion. Let us organize upon this great question. It may not be possible to secure at once all that some of us feel clear should be granted. Let an agreement be reached before the next session of Congress upon a measure which shall command the approval and support of those most competent to form an opinion concerning it—the existing medical service of the government; the representative bodies of the medical profession; the accepted representatives of the boards of public health; the representatives of the homœopathic profession; the representatives of the several departments of government most nearly concerned, and leading constitutional lawyers. Let us show that we can rise, in the consideration of a subject of such tremendous importance, above the level of personal opinion or of partial conception, and that we can approach the study of a new and lofty function of government in a spirit of concession and co-operation favorable to federal action. *Salus sanitasque Reipublicæ suprema lex.*

It seems evident that to secure a broad, popular recognition of the paramount claims of hygiene and preventive medicine there must be prosecuted vigorously an education of the entire community, and there must be exhibited on the part of physicians a still higher conception of our duty as public-spirited and disinterested citizens. I am persuaded that nothing will conduce more to this consummation we seek than such measures as your society is engaged in carrying out.

Build deep and broad the foundations of your library. It will have great weight in effecting the organization of the profession and in bringing it into relations of reciprocal benefit with the community. Insist upon having your own suitable fire-proof building,

your own adequate endowment, and a broad and liberal administration. It is doubtful if there exists any more powerful human agency for the amelioration of society than the free public library; with the free school it will prove irresistible. You also will find your medical library a potent influence. It should be affiliated with the free public library of your city; it should be open freely to all serious readers; it should, of course, extend the most liberal facilities to the medical profession of the entire state. The fine example of Case is familiar to all of us. It will serve as an incentive to others to do for medical science what this wise benefactor did for the general public. Let us show that we would regard the high privileges we claim as the custodians of the public health just as we regard those we now enjoy as the confidential advisers on all questions concerning personal hygiene. These are sacred trusts whose sanction reposes as much in the cultivated intelligence of the community as in the scrupulous fidelity and technical skill of the profession. It is our duty to work for the mental as well as the physical welfare of society, and no one who gives attention to the subject will challenge the assertion that "free libraries are as indispensable to the mental health of a city as are its public parks, water supply or sewers to its physical health." As the president of the Free Library of the City of Philadelphia, I have been led to study somewhat closely the growth and influence of the free library movement in this country and elsewhere.

It always happens that so soon as the public have a taste of the advantages of a good library it demands more and more free enjoyment of its happy influence. Every town in every state of the Union must have its free library. Every medical centre must also have its fully endowed medical library. I would urge that we see to it that no department of our free libraries be more fully represented than that of public health, and that every publication is there included that will draw our people to the study of hygiene, and thus to a knowledge of the vast work to be accomplished in the field of preventive medicine. And in like manner I would urge the free admission of all serious readers to those sections of our medical libraries which are devoted to the great subject of sanitary science. Let us organize! Let us organize! Let us educate, educate, educate!

So far as strictly medical organization is concerned, our work is well advanced. The county societies lead to the state society, and the state societies to the American Medical Association. The corporate as well as the scientific interests of the profession are well represented in these bodies. The various special societies of national scope afford unrivalled fields for purely technical work of the highest order; and the federation of these into the Triennial Congress of American Physicians and Surgeons gives a wholesome breadth and an elevating purpose to the entire group. Cordial relations have been established with the organizations of health officers. The success of the Pan-American Medical Congress may well seem to complete the task. More broad and catholic in its spirit than any previous organization, it has brought into organic relations the medical profession of the entire continent; has secured full governmental recognition of our efforts for public health; has created continuing agencies capable under vigorous administration of yielding splendid results, both scientific and practical. I believe that we shall be found worthy of these great opportunities, and that by our loyal support of our organizations we shall make them more and more fruitful of good, and shall raise them higher and higher in the estimation of the world.

Nor should we fail to labor for equally comprehensive organization of our educational work. The public primary school, the high and normal schools, the college and the university, must constitute an unbroken series of graded and adjusted educational agencies. The culmination of these systems in the several states should surely be found in a federal university at the capital of the nation. The spectacle of rival religious denominations struggling for precedence in the establishment of denominational colleges of the regulation type, is unworthy of the vast educational facilities offered in the city of Washington. High authorities differ as to the best way of availing ourselves of these facilities; objections have been urged to all the plans as yet brought forward. I can conceive of a truly federal university dedicated exclusively to post-graduate work; requiring no vast outlay for buildings, libraries, museums or laboratories, but provided with many endowed fellowships open to men and women alike; under the supervision of a board of trustees, one

member of which should be appointed by the university system of each state; with a faculty composed in part of the eminent experts stationed at Washington, and in part of the ablest teachers selected from year to year from the various colleges, who would regard it as an honor and a privilege to spend a sabbatical year in the highest type of work as a member of such a representative faculty. Might we witness at the opening of the twentieth century the organization of the medical and sanitary interests of the nation completed by the creation of a government department with a secretary of public health in the Cabinet of the President; and the organization of higher education completed by the creation at Washington of a truly federal university; and might we, as members of our great and influential profession, be able to look back and feel that our highest duty had been strenuously done, and that our full share in these great achievements had been honestly borne, then am I sure that a proud place would be held by who should stand here, as I stand to-day sadly conscious of our derelictions, to address you on the "Municipal and National Relations of the Medical Profession."

LEPROSY IN SPAIN AND MOROCCO—MEDICINE AMONG THE MOORS.*

BY WILLIAM THOMAS CORLETT, M. D., L. R. C. P., LOND.

Professor of Dermatology and Syphilology in the Medical Department of the Western Reserve University, Cleveland, Ohio.

As the well-regulated feast is preceded by simple dishes and easy of assimilation, so it is my purpose to lead up to the mental treat† we all anticipate to-night by a few cursory observations of the traveler rather than the more labored deductions of the scientist. From time out of mind the subject of lepers and leprosy has agitated the public mind, and in our day and in our own land the presence of a single leper is sufficient to awaken unbounded fear on the one hand and a depraved curiosity on the other, the one founded on ignorance of the disease, the other a relict of our barbarous past.

Recently, while journeying through Spain and Morocco, it was my good fortune to see somewhat of the disease as it exists in these

*Read at the quarterly meeting of the Cleveland Medical Society, June 22, 1894.

† Professor Wm. Pepper's address.

countries, as well as some other points of a medical nature which will be lightly touched upon. During the middle ages, and notably during the stirring time of the crusades, Spain, in common with other countries of Europe, suffered from leprosy. There are still the ruins of lazaret-houses scattered over the country, but they are no longer in use, notwithstanding it is estimated by Olavide (*Annales de Dermatologie et Syphilographie*, 1889, p. 980) that there are in Spain at the present time between one thousand and one thousand five hundred lepers, more than enough to fill the crumbling structures dedicated to their use. There is little attention given to the disease either by the government authorities or by the people. Even the regulation that all cases of leprosy shall be reported is no longer observed. A recent outbreak of the disease in the province of Alicante induced the Director-General of Public Health in Madrid to appoint a commission to look into the matter, but, so far as I could ascertain, this commission has never made its report; certain it is, however, that leprosy has greatly decreased during the past few hundred years, and to one following the more frequented routes of travel to-day its prevalence will not be apparent. There is no compulsory segregation in Spain, and cases which have developed into the last stages of the disease usually seek admission at some of the general hospitals of the larger cities, or die in the hovels where they have lived. In these general hospitals no special provision is made for them and they are cared for in common with other mildly contagious diseases.

In the villages of Parcent and Sagra, in the south, not far from Valencia, leprosy may be seen to advantage. In these little towns, which are isolated from the more modern outside world, being accessible only by pack-mules and an occasional mediæval diligence, the people are poor, ignorant, and of an inferior physical type—conditions most favorable for the development and spread of the disease. It was reported to me that the disease was unknown in Sagra until brought thither by a wandering troubadour about half a century ago. The holy father who vouchsafed this information said further that there were at the present time about fifteen or twenty cases in the village and numerous others scattered throughout the province.

In its early stages it does not seem to interfere with their voca-

tion (which from appearances I should say consisted principally of begging, although there were artisans, including shoemakers and tailors), but finally either friends or the church were compelled to provide a retreat. Probably because of the insidious development of the disease there appears to be no apprehension or dread of contracting it by the good people of Sagra, and from the topography of the country, as well as the more improved sanitary condition of the large centers of population, there is a possibility of the disease finally dying out—at least so it is hoped by the health authorities at Madrid.

In Morocco, where the hands of time have gone backward for the past thousand years, a still different order of things obtains. In this dreamy land there is not even a thought of the morrow, and "Whatever is, is right." To them disease is but an expression of the will of Allah—and why bother about it when death comes to all? Leprosy has always existed, why should it not always exist? So reason the followers of the prophet. Again, the inquiring mind encounters obstacles in the land of Islam. The peeping and probing into things physical are not tolerated by the true believer. The disjointed, ulcerating fingers of the leper are as carefully hidden from view as are the glowing cheeks of the Sultana. And as it is sometimes necessary to resort to stratagem to disclose the one, so it is, only by patience and close observation that leprosy can be studied in Morocco. The extent of the disease is not definitely known, any more than the exact population of Tangier, Tetuan or Fez. My own observation leads me to infer that, although more prevalent than in Spain, it is less common than is generally believed. Many of the lepers, so-called, were undoubtedly cases of syphilis, and of the two affections the latter, so far as this people is concerned, seemed far more baneful to the race and deadly in its results. The Koran has definite rules in the management of leprosy: Lepers may not marry except with lepers, neither are they permitted by the law to enter any town or village. No one may buy or receive anything from one known to have the disease; therefore, are they excluded from practicing any of the useful handicrafts, but must earn a sustenance by the keeping of herds, by tilling the soil, or resort to begging. This latter seems quite natural to them. Passing along,

the cry *medjdum*, a leper, may occasionally be heard in the distance, while a receptacle for receiving alms is left on the roadside.

Some of the Moors believe leprosy to be due to an oil from the *elacodendron argan*, which grows on the foot-hills of the Atlas Mountains. The course of the disease is much the same as observed in Cuba and Mexico, excepting, in these countries, where they are frequently cared for in hospitals, the fatal termination is delayed for many years. In the Hospital de San Lazaro at Havana, one case had existed thirty, another forty-five or fifty years. No such horrible specimens of disease, dragging on a miserable existence from year to year and decade to decade, are seen in Morocco, where the strong alone survive.

It may be said for the benefit of those who prefer advanced medicine to the shadowy knowledge found in the twenty-four books of the Koran, that there is placed under the microscope a section of the skin of a leper, showing the *bacillus lepræ*. This is now pretty generally accepted to be the *fons et origo* of the disease, and which, under favorable conditions, may be inoculated; hence, the spread of leprosy.

But leprosy was not the only object of interest that presented itself. Other diseases of the skin, and syphilis, claimed attention. The latter, which they call "the great sickness," is probably the most common disease in Morocco, and presents problems of moment alike to the student of sociology and to the syphilographer. It is seen in its various forms, both congenital and acquired, and, as previously stated, is often confounded with leprosy, with which there is no relationship. Of its spread, the secluded and carefully guarded condition of all women of cast, and the much married condition of the men, would, it seems, act as a natural barrier such as Christian nations do not enjoy. To the social custom of drinking from the same glass and smoking from the same pipe, which prevails among the Moors, may be attributed, I think, much of the disease among them. Again, the absence of all therapeutic measures renders each victim a lasting focus of contagion. Neither mercury nor iodine are used in its treatment, but a decoction of sarsaparilla bark is largely employed, and amulets and charms are also reported to be followed by wonderful cures.

Small-pox, as in Spain, is always with them. They practice inoculation. Ringworm also riots in luxuriance. I could not see that anything was done for its relief.

Scabies, although sometimes seen, is not prevalent, probably because of their rational and efficient treatment of this affection, which consists of rubbing into the skin a mixture of black alkaline soap and sand.

But, greatest of all to the faithful Musselman and much to be deplored, as it tends to disturb the free and easy running of his household—most Musselmén have four official wives—is the “coldness” that falls upon them, as they express it. The French physician who accompanied the late Sultan on his expeditions of state, informed me that the way was frequently dotted with prostrate forms in male attire who craved that the French doctor might give them something to lift the cloud that had fallen on their lives like a funeral pall. They themselves are in the habit of using an aphrodisiac composed of cantharides, honey and hashish, which, with their lascivious mode of life, accounts for this “coldness” that finally settles upon them.

As it is well known, the status of the medical profession has greatly deteriorated among the Moors since the days of Abu-l-Kasim and Avenzoar. In fact, it has not any status worth speaking of, and practically Morocco is a land without physicians and without hospitals. In lieu of the former, “holy men” are sometimes called to administer to the afflicted. These are, like poets, “born and not made.” They have no special training, consequently have no definite knowledge of disease. They frequently combine theology and astrology with that of the healing art. With them it is not a question between bacilli and ptomaines, but between judgments and evil spirits as etiological factors of disease. A favorite procedure, in case of a grave disease, is to place the patient into a hollow excavation—a miniature tomb—where he is kneaded and rolled over by holy feet; prayers are said at the time, after the manner of some of our good people here in Cleveland whom we call enlightened. During the ceremony the excitement often runs high. Nor is the writing of prescriptions neglected. These are held in high repute, and with their cabalistic characters are rolled into a pill and swal-

lowed, or a solution is made either by washing off the ink or by soaking the paper in water, which is drunk *en masse*. Again, verses from the Koran are written on a scrap of paper, which is sewed into the clothing or worn in a leather case. Among drugs, senna is largely used as recommended in the Koran. Medical men dispense their own drugs, for there are no apothecary shops in Morocco, and with patients of importance the doctor first tastes of the mixture, in fact, frequently swallows half, that due confidence may be inspired. But it is the modern Albucasis who, like the illustrious inventor of lithotomy, still gains the loudest applause while plying the surgeon's art. Thus in some of the towns near the Atlas Mountains there are families of oculists who are said to be experts at couching for cataract, the father teaching the son from generation to generation. But of all, the "fire doctor" is the greatest success, if not a constant source of comfort to the tribes of northern Africa. His methods are to the point and lasting, positive rather than of a negative nature. The "fire doctor" is usually seen squatting by a wall near the market place. If he be a *thaleb*, learned, that is able to stumble over the simple verses of the Koran, he may have an open book by his side; in front is a miniature furnace with hot coals, which are made to glow by a goatskin bellows. Iron rods of wondrous mystic power are heated to whiteness, the patient prone, stripped to the skin, is cauterized according to the traditions of the art. There is no medical code in Morocco, so far as I could learn, except that etiquette requires that all fees shall be paid in advance. Fortunately, there is very little of this so-called "doctoring" done, for in Africa "holy men" are scarce, besides, people usually prefer to let nature take its course.

Thus one encounters for the most part the natural physical state, which to me was extremely interesting and gave material for much thought, contrasting as it does with our artificial forms and the nostrum-swallowing propensity of our people. In diet the Arab is simple as in manner he is grandiose. The Koran forbids the use of wine, consequently drunkenness is unknown in all Islam. The staple beverage is water, while tea as a luxury is consumed in large quantities. Coffee is seldom used, and I am told a recent edict of the late Sultan forbade the use of tobacco. The latter I should say

is more honored in the breach than the observance, as my cigar-case might testify.

In main, then, the Moor is strong, of lasting endurance, and is graced with a fine physical presence. Cordial in receiving at his own home and withal possessed of that charm of manner which is dream-like and soft as the notes of the African lute, whose sweet music still lingers—a pleasant memory.

ECTOPIC GESTATION AND ANTEFLEXION.*

BY E. E. MONTGOMERY, M. D., PHILADELPHIA, PA.

Professor of Clinical Gynecology, Jefferson Medical College; Gynecologist to Jefferson and St. Joseph's Hospitals; Obstetrician to Philadelphia Hospital.

Gentlemen.—The patient I now bring before you is one of particular interest from a diagnostic standpoint as well as from the consideration of proper treatment. Upon the diagnosis must necessarily depend largely the method of treatment we pursue, and with it the result. She is forty years of age. Her family history presents nothing of especial significance; personal history good, childhood healthy, puberty occurred at thirteen, menstruation normal; married at twenty-two, and has had two living children, with both of which labor was normal. On the eighth of February, 1893, she had a miscarriage at two months, after which time the menstrual flow entirely ceased and she felt supposed foetal movements in August, which became more distinct in September. In October her menstruation returned, and has continued regularly since. During October and November both mammary glands were very much enlarged and she had a profuse flow of milk, but since they have gradually diminished. At present a small quantity of fluid can be pressed from the gland. Her bowels are regular and her appetite good. Now, it is important in the consideration of the history of this patient to keep in mind that she supposed an abortion to have occurred at the end of two months in February last, and that she did not menstruate subsequently until October. It then returned and has continued normal to the present. As we

*Clinical lecture delivered at the Jefferson Hospital, March 27, 1894.

expose the abdomen it is as large as that of a woman about seven months pregnant, and presents a tumor which is regular, or nearly so, in outline; and as we bring her before you to-day, the question is as to what hypothesis will account for the peculiar train of symptoms and what will be the best course of treatment to pursue. The tumor is nearly symmetrical, possibly projects a little to the right side. The abdomen shows a glistening appearance, indicating the presence of old striæ. This tumor can be readily defined by palpation. It gives a sensation of indistinct elasticity. It is not solid, nor can I discover any firm tissue, and there are no points upon its surface of greater resistance than others until we get low down upon the left side, where we find a mass which is a little more resistant, and which can be readily outlined between the thumb and finger. It is apparently a protuberance or projection from the mass situated behind it. Placing the hand upon one side of the abdomen and striking against the other side, we notice a distinct sense of fluctuation, indicating that this tumor contains fluid. In percussing over the tumor we find a marked resonance over the entire surface of the tumor. The resonance over the tumor is more distinct and of a deeper tone than that over the intestines surrounding it, indicating that the fluid or gas is contained in a larger cavity. Now, this phenomenon is one which is rather confusing, as ordinarily in a cystic or solid tumor we find dullness over the surface of the tumor and resonance around it, but in this case the resonance is just as distinct over the tumor as in other parts of the abdomen. How are we to account for the resonance over this tumor? Can it be possible that the tumor in its growth has pushed the intestines in front of it, thus producing resonance?

I operated some time ago upon a patient for supposed ovarian cyst, where on examination it was found that there was marked resonance upon the left side of the tumor in the line of the descending colon. It was supposed that the colon had become adherent and fixed over the lateral surface of the tumor. The operation, however, disclosed the fact that the tumor was situated posterior to the peritoneum, and this symptom should have led to more correct diagnosis prior to operation; but in this patient the tumor is situated too much anterior, the resonance is too generally diffused and

of too loud a tone to lead us to believe it to be due to the adhesion of intestine. Indeed, it does not present the sound we would expect to find from the bowel. Is it possible this patient is suffering from a phantom tumor? Phantom tumor is a distension of a portion of the bowel with gas, giving rise to a tumor of considerable size, over the entire surface of which resonance will be marked. In this case the tumor is too distinctly defined, and the sensation of fluctuation would fail to lead us to believe that we had a case of phantom tumor. In order, however, to prevent the possibility of mistake, we will give this patient an anæsthetic, which, if the tumor were phantom, would lead to relaxation of the muscular contraction and the disappearance of the tumor. Under the anæsthetic we find there is no change in the tumor, that it is just as distinct and readily outlined as prior to its administration, so that we must then consider some other possibility as a cause for this peculiar symptom. Now, you will remember this patient ceased to menstruate; supposed an abortion had occurred in February; her abdomen subsequently increased in size; she recognized movements in August, which became more distinct in September, and menstruation subsequently recurred in October. Have we not in this patient a history such as would justify us in believing that she had an ectopic gestation? Vaginal examination has disclosed that the mass which we have felt upon the left side is without question the uterus, somewhat enlarged and closely associated with the tumor, which can be distinctly felt through the posterior fornix of the vagina. This examination, however, fails to enable us to determine any solid mass in this tumor. With the history the patient presents and the peculiar physical phenomena present, we have no hesitancy in saying this is a case of ectopic gestation in which the foetus has gone on to near maturity, its subsequent death has occurred and decomposition has taken place in the sac, with the formation of gas. This supposition is still further confirmed by the fact that since this patient has been in the hospital, she has been suffering from considerable elevation of temperature, it having run up as high as 104° , and it has been continuous for several days. It is true, however, in arriving at a diagnosis we should keep in mind the possibility of ovarian disease or fibroid tumor of the uterus. That it is not the latter is evident from the

rapid growth and size to which the tumor has attained. Fibroid tumors are rarely of rapid growth. In addition to that, the history here present is not characteristic of fibroid. A fibroid tumor of this size would have been attended with an increased menstrual flow, rather than a cessation of the menstruation. This patient presents no history at any time of hemorrhage. Ovarian tumors, where the structure of both ovaries is extensively involved, may be attended with a cessation of menstruation. We may also have, in an ovarian tumor which has undergone twisting of its pedicle, decomposition, and the formation of gas within it. Usually in such cases, however, where the change is sufficient to bring about a loss of vitality of the tumor, we find it attended with active symptoms of peritonitis, and not unfrequently acute ascites and rapid enlargement of the abdomen. In this patient there has been, if anything, a cessation of the size of the abdomen, and there is not marked tenderness. In this case we find the mass has filled up the pelvis, pushing the uterus upward and to the left. Considering the phenomena that have occurred in the history of this case, it is quite probable that at the time when she supposed the abortion to have occurred, in February, there was a rupture of the tubal pregnancy, this rupture occurring, however, either into the fold of the broad ligament, or if the ovum escaped into the peritoneal cavity, it retained its attachment to the tube in such a way as to still maintain its vital supply. With this rupture, as not unfrequently occurs, we have had escape of blood and throwing off of the decidua from the uterus, leading the patient to suppose that an abortion had occurred. The development has continued as in an ordinary pregnancy until the foetus has reached maturity, when failing to escape, its vitality has been lost and it has undergone a process of maceration with the formation of gas, producing the resonance that is here so marked. As it has been some fifteen months since the gestation began in this patient, and the symptoms of auto-infection are becoming so marked, it seems very desirable that she should be subjected to an operation for the removal of the offending material, and this is what we shall advise.

Note.—This patient was operated upon March 30, before a section of the class and a number of physicians. Incision was made in the median line, and upon opening the abdomen a large, red mass was

seen immediately beneath the peritoneum. Passing the finger into the opening, this was found to involve laterally the intestine within its walls, and anteriorly the fundus of the uterus was closely attached to its surface. An incision was made into the mass, when a quantity of thin, greenish fluid of quite a disagreeable odor escaped. The child was seized by the leg and quickly delivered. The sac was then washed out, and the placenta found attached to its anterior surface was removed. As the sac wall involved the intestines and uterus, no attempt was made at its removal. Its cavity was thoroughly irrigated and the parietal peritoneum sewed fast to its surface in such a way as to exclude the sac from the large cavity. The sac was then packed to its bottom in the pelvis with several yards of iodoform gauze, and the wound above closed, permitting this to project at the lower angle. This packing was permitted to remain five days, when it was withdrawn, the cavity irrigated, and two good-sized rubber drainage tubes introduced. The irrigation was subsequently kept up with one-twentieth sulphurous acid. The convalescence of the patient was rapid, uninterrupted, and the wound completely healed.

Anteflexion.—The next patient is nineteen years of age, married, puberty occurred at fourteen, periods regular, lasting about three days, not attended with pain. She has been married three years, had one child. Her labor was normal. She was confined to bed, however, seven weeks, during all of which time she suffered from diarrhoea. She has had no miscarriage. After the birth of her child she did not menstruate for two years; she is now regular. She complains of frequent and considerable pain, bearing down in character, which is felt over the sacrum, increased by exertion, and she has a heavy, dull pain in the lower abdomen, particularly in the left side; suffers from frontal headache, bowels regular, appetite is poor, micturition undisturbed, and she has no leucorrhoea. Passing the finger into the vagina, the cervix is found nearly in the axis of that canal, and in the anterior fornix a distinct angle is felt between the cervix and the body of the uterus; the body is somewhat large and tender, and has indication of some inflammatory exudation upon either side. At the last lecture, I was asked to say something on the subject of antedisplacements of the uterus. As you are aware,

the uterus is capable of being displaced in every direction—upward, downward, backward, forward and laterally. In this patient the uterus is pushed upward and forward from the front of the symphysis. We sometimes find it pushed backward against the rectum. The antedisplacements of the uterus are more particularly anteversion and antelexion. By the former we mean that the fundus of the uterus lies forward upon the bladder, while the cervix is directed backward toward the rectum. As the uterus lies transversely in the pelvis, and in some cases, indeed, we will find the fundus situated lower than the cervix, the uterus is normally in anteversion, slightly antelexed. Any condition which increases the size of the organ will necessarily increase this form of displacement, so in every heavy uterus, where the organ is subinvolved, it is consequently heavy from the increased weight in its walls, or where it is large from a beginning gestation, we find it in a state of anteversion. This is simply a result of the increased weight, so that it is a symptom and not necessarily a form of displacement. It is a symptom of a diseased condition of the uterus itself. The treatment of such a condition should be directed to the causes which have produced it. It is well, however, to remember that the patient may suffer some distressing symptoms as a result of the situation of the organ, which may be ameliorated by palliative means until the condition causing it can be corrected. A heavy uterus resting on the bladder produces more or less disturbance of that organ, a sensation of weight and pressure in the pelvis, more or less of nervous manifestations and, not unfrequently, a severe pain or ache over the symphysis. She will not unfrequently be found to place her hand over the lower part of the abdomen in locomotion, feeling a relief from the pressure. In such cases they may frequently be afforded comfort by the use of an abdominal support, which decreases the intra-abdominal pressure and relieves the uterine distress. Such patients are sometimes afforded relief by the introduction of a retroversion pessary. This may seem somewhat of a paradox, that a retroversion pessary should be used for anteversion, but it serves to raise the entire organ up, holding it at a higher level, and thus relieves the pressure and distress. This is the explanation of the relief that is afforded by a ring pessary. These suggestions, how-

ever, are only provocative of temporary relief. The best treatment in all such cases is rest. Place the patient in bed, regulate the bowels, and treat the condition which has given rise to the disturbance. If the patient have subinvolution or endometritis, dilate and curette the uterus, and pack it with iodoform gauze. This may be followed by the introduction of glycerine tampons, which have an influence in promoting more rapid circulation in the pelvic tissues, raise the uterus to a higher level, decrease the amount of congestion by the profuse discharge which attends their retention.

The other form of antedisplacements is known as antelexion. This is a very different condition from that of anteversion. In it we find the uterus is bent upon its axis, that the relation of the cervix and body of its organ is no longer normal. In examination we find the cervix situated in the axis of the vagina, with the os possibly in a direction parallel to that of the vagina, and not directed backward toward the rectum, as we still find in anteversion. The finger is passed backward in the posterior fornix of the vagina; there is an absence of resistance, indicating the fundus of the uterus is not in that direction. In the anterior fornix may readily be distinguished between the cervix and the fundus a distinct angle.

Antelexions of the uterus are conditions which are most frequent in women who have not borne children, in either the unmarried or sterile women. They are generally the result of acquired or congenital causes. In the congenital cases, the uterus resembles more particularly that of the puerile uterus, in which the cervix has not become shortened, and as we find in women in whom the uterus is fully developed, the cervix is longer, projects more into the vagina, and the consequence is that it cannot turn backward, but must correspond more directly to the axis of the vagina. The intra-abdominal pressure on the fundus carries it backward, so we have a bending of the uterus upon itself. Antelexion may be the result of inflammatory conditions in the pelvis; for instance, if a young girl is careless about exposing herself at her menstrual periods and takes cold, an inflammatory attack sets up, and we have inflammation in the tissues outside of the uterus, producing shortening of the utero-sacral ligaments. The uterus is drawn up and we have falling forward of the fundus and a distinct flexion as a result. We may have endometri-

tis in the site of the placenta. In those women in whom the placenta was attached to the posterior wall of the uterus, the involution will have been more rapid in the anterior, and it consequently becomes the shorter arm of the bow and we have antelexion resulting. These patients suffer particularly from disturbance of the menstrual function and of the functions of the uterus itself. A patient who has a marked antelexion usually complains of painful menstruation. This pain occurs frequently at the beginning of the flow, in many cases continues during the entire period. Such patients are usually sterile. In a woman who has a uterus like this, where the fundus is situated at a lower level, almost the same level as the cervix, there is a distinct angle between, which produces a valve-like action, and the uterus must go into labor-like contractions in order to evacuate the accumulations within it. The accumulation may be the result of blood at the menstrual period, or from mucus in the cavity, when she will suffer at other times as well.

The treatment of antelexion of the uterus will depend largely upon the length of time it has existed and the condition and organic changes in the uterus itself or the surrounding parts. If we find the condition has existed for a length of time, the ordinary treatment will be attended with but little relief. In such a patient we will not expect mere dilatation, curetting and packing the uterus will be advantageous for a great length of time. The patient sooner or later will have a recurrence of the unpleasant symptoms, and the condition will be just about what it was at first, so we frequently find patients who have been subjected to dilatation and curetting, in whom the relief has only been temporary. With the recurrence of the symptoms it is necessary to subject her to the same treatment. Such patients have been treated by introduction of pessaries—stem pessaries—to keep the organ straight. As a result of the pressure of the rigid intra-uterine stem, it causes points of ulceration at the fundus of the uterus and the cervix; and we may have as a result of this irritation from the presence of the foreign body, an inflammation arise, producing a chronic condition of a more serious character than that for which the treatment was instituted. Formerly the habit was to split up the cervix anteriorly, posteriorly or laterally. This operation was very fashionable, fol-

lowing its introduction by Sims. He split up the cervix, introduced a plug of cotton or gauze saturated with iron. Some of the patients subsequently did well, were relieved, and gave birth to children. The majority of them had inflammatory conditions following in the deeper pelvic tissues, requiring operation, and some lost their lives. When I was a student in this institution, the plan of treatment followed by the professor of obstetrics was to introduce a sponge tent containing a watch-spring. This was introduced into the uterus with the spring bent in the opposite direction from its normal, and as soon as the tent began to swell, the watch-spring was supposed to raise the uterus up and carry it backward. I have seen an autopsy upon these patients in which large accumulations of pus were found in the pelvis,—and more took this course than were cured. I should feel as uncomfortable in introducing a sponge tent into the uterus and leaving it there as I would if I had done an abdominal operation of a serious character and was waiting for the result. But how shall we treat these cases of displacement? In ordinary cases where the uterus itself has not undergone marked change, where the condition has not existed for a length of time and inflammation has not become so chronic that the uterus has undergone fibrous change, we may hope to cure by dilatation and packing with gauze. This straightens the canal and an inflammatory change is set up in its walls by which the flexion is subsequently prevented. In those cases in which the condition is accompanied with more or less inflammatory change in the broad ligaments, particularly the utero-sacral ligaments, the plan to be instituted would be to place the patient in bed and practice uterine massage. This method of treatment is just as desirable and effective here as it would be to break up adhesions when the patient is suffering from an ankylosed limb. After the inflammatory exudation has been absorbed, we may then dilate and curette the uterus with a hope of relief. In those cases in which the organ has undergone fibrous change, and we cannot hope to re-develop the muscular structure, we may relieve the symptoms by straightening the canal through an incision in the posterior lip. The discharge will take place from the uterus without passing around the distinct bend.

MORE ABOUT LONDON AND LONDONERS.

BY S. W. KELLEY, M. D., CLEVELAND, OHIO.

Professor of Diseases of Children in the Medical Department of the
University of Wooster, Cleveland, Ohio.

"I here present thee with a hive of bees, laden some with wax and some with honey. Fear not to approach! There are no wasps, there are no hornets here. If some wanton bee should chance to buzz about thine ears, stand thy ground and hold thy hands; there's none will sting thee if thou strike not first. If any do, she hath honey in her bag and will cure thee too."—*Quarles*.

No American travelling in Europe can fail to observe the absence of adequate means of warming buildings up to what we would consider a comfortable and healthful degree of temperature. The great majority of houses, though they may be otherwise well-built, are supplied only with open fire-places ridiculously small, and with an open flue that carries off four-fifths of the heat produced. Nobody that is native here thinks of making a fire until the cold has gone far beyond the limit of uncomfortable coolness. The same state of things prevails in the hospitals. The thermometer often stands below "temperate" in the wards. I have observed this repeatedly, and in all the hospitals. One often sees dressings made, perhaps necessitating the exposure of a large surface of the patient's body, with a breeze from some adjacent window uncomfortably chilling to one's self. It cannot be, as might be claimed, that the people are used to it and it does not affect them, for they often look chilled or show the *cutis anserinus*, or in children that marbled appearance of the skin. This cannot but be harmful. And not only are the wards often cold, but the operating theatre is often not warm enough. One sees all kinds of operations with the temperature of the room scarcely comfortably warm for the lookers-on. On inspecting the thermometer, when there was one in sight, it was seen to register 60°, or 65°, or 68° F. Who has not observed congestions and inflammations following exposure to cold draughts and dampness? Catarrhs, neuralgias, pleurisies, nephritis, cystitis, rheumatism are frequently induced or aggravated by the same causes. Nor does it seem that the difference in the temperature of houses is made up by the use of more

clothing, in which case it might be claimed that the temperature within doors and that without being more nearly the same there was less danger of ill effects in passing from the one to the other. I am sure that in the United States many of our buildings are kept too warm in winter, and evil effects suffered from passing out and in.

In regard to clothing, I was saying that warmer clothing is not customary here. In fact, it is certain that in some particulars there is much more exposure of the person than is customary in western civilization. I am not alluding in this instance to the regulation evening dress of the ladies, but to the short stockings, ending below the knees, and short sleeves, covering only half or less than half of the upper arm, usually put upon the children, and the very frequent absence of the diaper or drawers or any kind of underclothing on many children of a year or two or three years of age. It is well known that children are less able than adults to withstand the effects of cold, and I believe that these pernicious practices in dressing, or, rather, not dressing, children are to blame for at least a part of the lung and bowel troubles so constantly met with. The effects of cold upon the child must be not merely local and immediate but depressing to the general vitality, thus interfering with growth and development and inviting the inroads of infection. It seems to me that this point is worth attention in connection with the treatment of the omnipresent rachitis in the children of Great Britain. It may be worth while in rickets to consider not only food and sunlight and fresh air and sea air, all of which one hears a great deal talked about, but also an equable warmth of the whole body and limbs, and avoidance of the depressing influence of cold, which one never hears a word about.

When one sees the extensive prevalence of tuberculosis* upon every hand in all the varieties of its lesions in nearly every organ from skin to bone, and reflects upon the behavior of that disease according as it attacks a more vigorous or a vitally weak and depressed individual, or the same individual in different states of general health; and upon its behavior in the presence of warmth or

*Dr. Batten, registrar at Great Ormond St., who makes scores upon scores of post mortems, tells me that tubercle is found in two out of three bodies examined. Not that two-thirds of the whole number of deaths are caused by tuberculosis, but that tubercle is present in about sixty-six per cent. of the deaths from all causes.

cold—for instance, how a tuberculous skin lesion will heal under the influence of warmth—one cannot avoid the inference that there is a relationship as of cause and effect. These matters of warming houses and of warmer clothing, especially for children, seem to be practically overlooked by the medical men of the country. Doubtless they are so accustomed to it that it does not strike their observation as it does that of a stranger. I beg respectfully to recommend it to their consideration.

MR. FREDERICK TREEVES.

I think most readers will be, like myself, interested in learning something about the personality of the men one hears about or the authors one reads, so that without leave or license I try a few snapshots done with pen and ink at any fair game. If any of the victims fail to enjoy it, I hope they will consider it one of the penalties of greatness and calmly endure.

Mr. Frederick Treeves is a man who looks as if he could stand up for quite a while in a ring with James J. Corbett. He has not only a splendid physique without being too large or heavy, but he has a steady, dark gray eye, a firmly set jaw and a quiet determination in his manner that give one this impression. He is slightly bald and getting gray and looks about forty years of age. After seeing the man I was not surprised to hear that he "goes in for athletics" and encourages manly exercises among the students. I should judge him to be capable of great physical endurance. I am told that he rises very early in order to do his literary work; and this, I take it, is the more uncommon among Londoners, where late hours prevail, than it would be with us. Mr. Treeves is a good teacher, and a walk through the wards with him is sure to bring out many instructive points. His extensive published writings and his work at the London Hospital are too well known to need any allusion.

MR. CHRISTOPHER HEATH.

Mr. Heath is a large man and has something of the James G. Blaine type of countenance without the excessive fullness of the eyelids and length of the nose of the late distinguished statesman. He is one of the older set of London surgeons and has a fatherly

way of getting along with the students at University College, who greatly respect him. His hair and beard are nearly white, and he looks alternately through and over his spectacles. He is an excellent teacher—one of the best I ever heard. To hear him go through the wards with a class and teach them how and what to observe and the meaning of it all, and draw out their answers, is a real pleasure. He is a very approachable man, and in his manner seems more like an American than most Englishmen.

As an operator his great peculiarity is that he tears nearly everything instead of cutting. In removing a mamma the only cutting would be the initial incision, the rest would be done with the fingers mostly. The same, for instance, in removing half of the lower jaw—the initial incision, the cutting through the bone—and the rest is literally a process of tearing. Instead of wearing a gown, apron or jacket for operating, he has an old, black coat which shows numerous stains of previous like occasions, and the cuffs of which trail over the wound without in the least disturbing the wearer. His results show well for the diagnostic skill and experienced judgment of the surgeon. The visitor will become greatly attached to Mr. Heath for his kindly heart and general good-fellowship.

MR. A. E. J. BARKER.

Mr. Barker is also at University Hospital College. He is a sandy-complexioned, blue-gray eyed man of about forty-five years. He explains his operation and comments upon it as he goes along, a knack which is not as common in London as it should be, and is on the western side of the Atlantic. Mr. Barker is exceedingly neat in making and in closing wounds. I do not recall in my whole visit witnessing greater care and nicety in the closing of wounds than is practiced by this surgeon. Notwithstanding that he introduces a great number of sutures, accurately approximating the edges of an incision and most carefully checking all oozing and drying the wound, an excessive amount of time is not occupied in the doing, even in the deliberate manner common to this city. He ordinarily uses a needle of his own devising, with the "eye" in the shape of a notch near the point and the blunt end curved into a ring which fits the index finger and has a small corrugated plate

upon which to rest the tip of the thumb. The needle is the suture hooked and drawn through, after the manner Peaslee needle. He does not tie the sutures till all are passed the wound had a final thorough drying, in the meantime the ends being held in pairs by a device of Mr. Barker's own invention. This consists of a small metal bolt, perhaps four inches long one-eighth of an inch thick, upon which perforated rubber has been placed in such a way that a loop of the tubing is about half an inch alternately to the right and left of the center. The tubing is squeezed tightly upon the bolt and held with the nut screwed on. This leaves clefts between the knuckles of the loops, into which clefts the suture ends are pressed and held. One would place a pen-holder in a spiral wire pen-rack. The sutures are all held by one instrument separately in pairs, thus avoiding the inconvenience of holding numerous forceps or getting the sutures tangled or selecting the pairs of ends when it comes to tying. Barker's method of wiring the patella has been pretty generally adopted in London. It is done as follows:

BARKER'S METHOD OF WIRING IN TRANSVERSE
FRACTURE OF PATELLA.

A deep incision, or rather puncture, with a scalpel is made directly above the upper fragment and a second immediately below the lower fragment in the middle line. The point of a very fine and powerful needle, which with its handle is somewhat T-shaped, is passed from the upper puncture downward between the skin and the anterior surfaces of both fragments, and when the point with its eye emerges from the lower puncture a very fine silver wire is threaded in and the needle withdrawn. Then the needle is again introduced at the upper puncture, but this time it goes behind both fragments, and on emerging at the lower puncture the lower end of the wire is threaded in and drawn out at the upper puncture. Thus a loop of wire completely surrounds both fragments, the posterior part lying in the joint and the two ends meeting at the upper puncture. The fragments are carefully approximated and the wire secured by a twist of about two turns. The wire is cut short and the incisions, or punctures, closed, the wire

being buried. The wire is never removed even after union is complete. It is declared to do no harm and occasion no inconvenience. One would expect it to have the disadvantage, as compared with an open incision and wiring, of not allowing effused blood to be cleared away or fragments of torn fascia to be removed from between the fractured surfaces where they are apt to hang and prevent approximation. But as has been said, the operation is very largely used and pronounced satisfactory.

CORRESPONDENCE.

COLORADO STATE MEDICAL SOCIETY.

DENVER, COLO., June 26, 1894.

My dear Drs. Baker and Kelley:—During the last week I have been attending some of the meetings of the Colorado State Medical society. These meetings were very interesting to me, and it occurred to me that a short account of them and the papers read might not be entirely devoid of interest to you. I will enclose a program, which, you will see, is quite an extensive one for a three days' meeting. As you will see by the program, this was the twenty-fourth annual meeting. The society has about two hundred members, and I should think there were nearly or quite one hundred present at the meeting this week.

In appearance they were a fine body of men, though one would perhaps note that the proportion of men who do not seem to be in robust health is larger than with us in Ohio. This is accounted for by the fact that a good many of the members of the profession in Colorado have come here on account of poor health, and it is surprising what the climate of this mountain region has done for some of them; for instance, one physician who came here about thirty years ago, with lungs diseased and a mere skeleton, now weighs more than three hundred pounds, drives about the town in a carriage made to fit him, and does a large general practice. It is the fear that I might follow the example of this man that will drive me back to Cleveland in the fall.

The papers that were read before the society were of a high order and the discussions bright and pointed, which showed that these men of the Rocky Mountain region are able to do their own thinking in an original manner. In talking to a member of the society I remarked upon the excellence of the papers presented, and he replied that they ought to be good, for they were mostly by men who, in the East, had injured their lungs to develop their brains, consequently when they came here and were cured of their lung

disease their brains were in condition to do good work. there is truth in this, and perhaps this accounts for the Colorado has a medical profession that is above the average of ability.

Among the papers that I heard that were especially interesting were the following: A paper by Jesse Hawes, of Gr "Rigid Os." This was as clean-cut in every particular as I have heard or read on the subject. The paper showed and systematic thought on the subject in hand, and it further that the writer had met the difficulty he was talking. He spoke as one having authority and not as the scribe. He recognized the fact that a rigid os is a difficulty than which none greater under some circumstances. The drugs he resorted to in the treatment of the condition are chloral, chloroform, and tartar-emetic and calomel, in the order named. These failed to produce dilatation with the hand in the vagina, the patient being threatened with the knife. The discussion of this paper showed that those participating in the discussion had not met the same class of cases as the author of the paper. Not one of the members who heard the paper believed it necessary to introduce the hand into the vagina to dilate an os, however rigid it might be.

"Unusual Operative Procedures" was the title of a paper by Neil McPhatter. The object of this paper, as it seemed to me, was twofold: First, to call attention to the writer. The paper was read in full the following morning in the daily papers, and was one among all the papers on the program to so appear. It was an exhibit to the society a woman on whom he had performed a cesarean operation some months previously. The child, living, was delivered with the mother. It is true, the writer mentioned incidentally that there was such an operation as craniotomy, also one called symphyseotomy, and he described in a cursory manner the operation; but his supreme effort was given to detailing the operation upon which he had operated so successfully. It was stated that the intention when the operation was begun to do the cesarean operation as modified by Sanger; but as two small uterine appendages were found, it was deemed best to remove the entire uterine appendages, which was done, and patient made a good recovery. During the discussion of this paper a member of the society spoke in very complimentary terms of the operation, but to his surprise it was not shown to be necessary. The paper did not state pelvic measurements had been made, and the only evidence of the operation was indicated was that there had been previous labors with still-born children. This member was of the opinion that as a child had been delivered without mutilation, a less radical operation, symphyseotomy for instance, would have accomplished the same result. Several other members expressed their opinion that the same vein, and when the president called upon Dr. McPhatter to close the discussion, he had left the room.

Dr. C. F. Shollenberger, of Denver, read a good paper on "Albuminuria," confining himself to the albuminuria of pregnancy. He discussed the different theories of the production of the albuminuria. Said it was not always dependent upon nephritis; did not always produce convulsions. He did not, however, offer any probable cause of the condition; neither did he speak of the theory advanced by a comparatively recent writer, that albumen is always present in normal urine and can always be detected by the use of re-agents, and during pregnancy the albumen in the blood is increased in amount, and there also being an increased blood pressure, a greater amount of albumen finds its way into the urine, and that it is only in those cases of nephritis and non-excretion of urea that convulsions occur. This point was not mentioned by any who discussed the papers. The accepted treatment for the condition was a milk diet and iron and other tonics. For convulsions, when they occur, chloral and chloroform, together with hydragogue cathartics. Venesection was not mentioned, neither in the papers nor the discussion.

"Puerperal Fever,—Its Etiology, Pathology and Prevention," was the title of an excellent paper by T. A. Stodard, of Pueblo. He believed puerperal fever to be always of septic origin, that a septic condition might exist prior to labor and give rise to puerperal fever. He believed puerperal fever to be a preventable disease, and laid down strict antiseptic rules for the conduct of labor. Dr. Perkins, of Denver, opened the discussion, and, as an illustration of the power of resistance some women have to septic poisons, related a case of labor which he was called to attend, where he found the woman in bed with two children, both of whom had well-marked cases of diphtheria. On examination, labor was found to be well advanced, and he had hardly time to get the children out of the bed before the labor terminated. I think he succeeded in getting them into an adjoining room (there were only two rooms in the tenement), but he was not able to get clean bedclothes, as the house did not afford them. Notwithstanding all disadvantages, his patient did not have an untoward symptom during the puerperal period.

S. G. Bonney, of Denver, presented a paper on "Methods of Treatment in Empyema." His conclusions were about as follows: That the aspirator has no place in the treatment of empyema—should be used only for diagnostic purposes; that the treatment *par excellence* for empyema is free opening in chest wall and drainage with antiseptic washing out. He does not think resection of a rib or ribs is necessary in the majority of cases, and said it was not necessary to make the opening at the most dependent part of the chest, as the movements of the chest in respiration were sufficient to empty the pus cavity. Nothing was said of the liability of necrosis of the rib in case a resection was not made, and he would only resect in cases where the ribs were so close together that good drainage could not be obtained.

One of the most interesting papers to me was by S. A. Firk, of Denver, on "Abortive and Afebrile Typhoid." He believed that certain cases of typhoid had a tendency to be abortive; that after running for from one to two weeks the fever subsided and the patient convalesced. That these were genuine typhoids he thought to be proven by the fact that these cases, in consequence of some indiscretion, would relapse and run a typical typhoid course, with rose spots, diarrhoea and intestinal hemorrhage. He exhibited charts showing the course of some abortive cases; also one showing the course of an afebrile case which occurred during the prevalence of typhoid fever, which had rose spots, epistaxis and intestinal symptoms, but no elevation of temperature during the whole course of the disease.

The discussion of this paper took a somewhat wider range than the paper itself, and included remittent fevers, malarial fevers, and the so-called mountain fever. The prevailing opinion seemed to be that there was no such thing as mountain fever. Especially was this true of the men who had practiced elsewhere than in this mountain region. They believed the so-called mountain fever to be either a simple continued fever or a typhoid fever. Some cases run a course of ten days or two weeks without typhoid symptoms, and some run the regular course of typhoid fever with all the characteristics of that disease; and both of these conditions had been called mountain fever.

One of the best papers, to my mind, was read by H. B. Whitney, of Denver, on "The Diagnosis of Pleuritic Effusions." It was carefully prepared and illustrated by diagrams which showed the different causes of dullness in small, moderate and large pleuritic effusions, and the differential diagnosis between effusions and other pleural conditions was so clearly brought out that it would seem difficult to make a wrong diagnosis.

The afternoon of the second day was largely devoted to a symposium on tuberculosis. The papers were short and contained many good points. "Heredity and Contagiousness" was treated by Carl Rurdi, of Denver. "The Præ-tuberculous State," by Charles Manly, of Denver. He believes that there is a pre-tuberculous state which is something more than a susceptibility or predisposition. This state is characterized by anæmia, loss of weight and general indisposition. This state can be also characterized as a pre-bacillary state and is often recovered from.

"Why Altitude Only is the Treatment for Phthisis," was the subject of an instructive paper by E. P. Hershey, of Denver. He said that the patients who come to this altitude before they had had treatment elsewhere did much better than those who had been treated with drugs previous to coming here. He did not, however, state what, it seems to me, is probably the fact, that those who come here before any treatment is instituted, come at an earlier stage of the disease, and on that account stand a better chance of recovery.

He stated that whereas the atmospheric pressure at the sea-level is fifteen pounds to the square inch, at an altitude of five thousand feet that pressure is a little less than twelve pounds; that air consequently loses about one-fifth of oxygen at the altitude mentioned, but that it also loses more than half of its carbonic acid. Consequently the patient has a purer air, an air richer in oxygen relatively than he has at the sea-level. He also said that the statement that is often made that people at an altitude of five thousand feet breathe more rapidly than the same people do in a low altitude is erroneous, but the amount of residual air is less. If one hundred represents the residual air at sea-level, at five thousand feet it would be represented by about seventy-six. And this fact, taken in connection with the fact that a purer air, an air relatively richer in oxygen, is found in the high altitude, proves that a larger supply of oxygen is obtained in the high altitude. He also called attention to the fact that in this altitude the air is so free from moisture that a patient with lung disease can live more out of doors than he can in lower altitudes where the air has more moisture.

S. E. Solly, of Colorado Springs, son of the celebrated London physician of that name, discussed "The Relation Between Disease of the Nose, Throat and Lung in Tuberculosis." He found that about one-third of the patients with lung disease had had disease of the nose previous to the development of the lung disease.

Dr. Chas. Denison, who came here from New England over twenty years ago on account of lung disease and who is now as robust a man as one would wish to see, read an excellent paper on "Food for Pulmonary Invalids." He believes good, healthy blood is the most efficient destroyer of the bacillus, and as good blood is dependent upon good digestion and good assimilation, he believes careful attention to these functions one of the most important, if not the most important, parts of the treatment of pulmonary disease. Said the diet of a pulmonary invalid should be about two-thirds meat and the other third should be of the most nutritious food possible, and spoke very highly of entire wheat foods, especially of a preparation known as shredded wheat, prepared by a special process by the Colorado Cereal Food Company. He showed by analyses that the nutritive value of the entire wheat is much greater than that of the fine flour. Dr. Denison's paper was not read entire, as it exceeded the allotted twenty minutes. I hope to be able to get a volume of the "Transactions," so as to get the remainder.

H. R. Bull, of Grand Junction, who has the medical charge of the Indian School at that place, read a paper on "Tuberculosis Amongst the Indians." He found tuberculosis quite frequent among the children sent to the school. Most of the cases developed in the school. He could not say how prevalent the disease is on the different reservations, but was inclined to think that depriving them of their free outdoor life was a large element in the production of pulmonary disease; and of those who were retained in the

school after the disease developed, hardly any recovered, those who were sent back to the reservations as soon as the affection was discovered, a larger percentage recovered.

The papers composing the symposium on tuberculosis were cussed all together, and I am sorry that I am not able to discuss prominent points of the discussion; but at that time I thought of writing anything for publication, so did not take as I should have done had I contemplated anything like this. What I have written has been entirely from memory, and I am well aware I have come very far short of doing the papers. Thursday was devoted to surgical papers, president's address and as I had planned to be out of town that day I missed the performance at Manhattan Beach. Wednesday evening a reception for the President and Mrs. Rogers at their residence on West avenue. Thursday evening a special organ recital was given by Dr. Gower at St. John's Cathedral from 6:30 to 7:30, and a reception for the ladies at eight o'clock at the residence of Dr. Ives on Grant avenue, while the visiting physicians were given a quiet by the Denver physicians at the Brown Palace Hotel. These entertainments were a decided success and contributed to the enjoyment of the visiting doctors. From every point of view the twenty-fourth annual convention of the Colorado State medical society was a decided success.

Yours truly,

H. J. LEE, M.D.

A LETTER FROM NEW YORK.

"Room at the top" expresses a sentiment as true to-day as it was, and it is equally as certain that the medical and surgical profession of our own country is no exception to the rule.

While attending lectures at the Medical Department of Reserve University, I was accustomed to hear the praise shining lights of our profession in the East sung morning and night. They seemed to be referred to as belonging to the order of beings, and as being absolutely infallible. Consequently by the time I had finished my course and decided to come to Mecca of our profession, I had an idea that our faculty was pigmies, dancing around and lauding to the skies these gods of the East. "All is not gold that glitters," however. The scintillating rays of golden light from our eastern brethren which pervade western cities do not carry with them all that occurs here.

But this letter is not written for the purpose of "running down" the profession here. It is meant rather to open the eyes of my fellow students in Ohio who have not been so fortunate in the East, to the fact that, with a few exceptions, the men here

better than those in Cleveland. New York has some brilliant men—it would be strange if such a great city had not—but it is my experience that a young man intending to study medicine can have just as good advantages for thorough work under competent men in Cleveland as he can here. I suppose this is rather a unique position to take, but it is my honest belief that when a young man of any ambition gets all he can out of a Cleveland medical college and sticks to it till they are unable to teach him any more, he will not have to come East to study. In Philadelphia the other day I heard Laplace, in lecturing, say, "Study and master this or that man's method of performing a certain operation and then go and do it your own way," and I know of no better place to do that studying than in Cleveland.

When one has finished the course it will be to his advantage to come to New York for a month and look around, taking in as many of the hospitals as he can; looking into their beautiful operating rooms; coming in contact with other men; giving and receiving ideas and making comparisons. It is this contact with others which broadens a man.

New Yorkers are as liable to make mistakes as any of us, for in the three weeks I have already been here I have seen two glaring errors made. I once heard that there were three conditions requisite to national fame in medicine and surgery: First, live in New York. Second, be a member of a hospital staff. Third, write a book. There is a good deal of truth in it, too.

In conclusion, there are two things that I am impressed with: First, the top rounds of our ladder are far from full. Second, medical studies can be carried on with as great profit in Cleveland as they can in New York.

H. J. HERRICK, JR., M. D.

THE OHIO STATE MEDICAL DIRECTORY FOR 1894.

Editors Cleveland Medical Gazette :

DEAR DOCTORS :—Having had occasion lately to make use of a list of nearly all the regular physicians of this state, I have had an excellent opportunity to observe the merits and demerits of the new State Medical Directory. This work pretends to be a complete list of the physicians of this state up to the date of its issue. As a matter of fact, after careful search I can find no information in this directory which is not contained in R. L. Polk & Co.'s United States Medical and Surgical Register, except a few additions in the two largest cities of the state. The figures below are those of the regular profession only. Over four hundred and fifty Ohio post-offices, representing six hundred to seven hundred physicians, which are listed in Polk's Register are omitted from the new State Directory. In all, five hundred and forty post-offices of this state, representing to my certain knowledge not less than eight hundred physi-

cians, are absolutely ignored in this new directory. Of these five hundred and forty post-offices, seventy-six are in towns of more than five hundred population. I have counted the names of one hundred and eighty-eight members of the State Medical society listed in the society Transactions for the year 1892, which find no place in the new directory published in 1894. Thinking that the mortality rate of members of the State society might be excessive, I wrote to twenty-eight members, chosen at random, and received twenty-five replies indicating their continued existence.

Such information as the directory does contain is inaccurate. Scores of names are so misspelled as to be unrecognizable by their owners, *e. g.*, "Cleeman" for "Coleman," "Luch" for "Leech." No street addresses are vouchsafed the physicians of Columbus.

The new directory is simply a miserable and painfully incomplete plagiarism of Polk's Register, containing no new information and omitting much that Polk's contains relating to Ohio.

I feel it a duty to expose to the physicians of the state the fraud which has been practiced upon them by the publishers of this new directory.

Very sincerely,

P. MAX FOSHAY, M. D.

Cleveland, June 30, 1894.

THE PLAGUE.

SWATOW, CHINA, June 14, '94.

To the Editors of The Cleveland Medical Gazette:

The black plague, which has raged in Canton and Hong Kong for the past two months, is still on the increase, and within the past week we have had several cases in Swatow. It has been many years since southern China has had a visitation of this dreadful disease, and it is generally supposed to be caused by the great drought of the present year acting upon the immense accumulation of filth which has lain undisturbed for years in the crowded and poverty-stricken quarters of the Chinese. Even in Hong Kong, which is under English rule, the sanitary officers have had to fight every inch of their way in bringing about a better state of things. From some of the first floors of the Chinese houses five cart-loads of filth have actually been carried away!

The poison which produces the black plague has been pronounced one of a chemical nature rather than bacterial. But as none of the medical profession here have had any previous experience with the disease, nothing very definite is known as to its nature or causation. It bears some resemblance to Asiatic typhus. It is identical with the "Great London Plague" of 1665 and is known by various names, *viz.*, levantine, bubonic or oriental plague. As prevailing here it first manifests itself with severe nervous depression, dizziness, and a fever rising from 106° to 107°. This fever continues

from twenty-four to thirty hours. There is usually obstinate constipation, and if diarrhœa occurs it is considered a favorable symptom. In some cases the patient dies in a few hours after the attack, before the usual buboes and carbuncles are developed. The inguinal, axilla and other lymphatic glands are the seat of the buboes, the largest being the size of a small orange. Carbuncles are not always present.

Doctors are not liable to contagion unless they remain a long time with the patient. Only those who live in the same house or in the same infected region contract the plague when it first breaks out in a locality. But as the number of cases multiplies and the atmosphere becomes charged with the poison, the people of adjoining localities are infected, and clothing, bedding, etc., convey the disease to those who live beyond the infected region. The disease is most virulent at the beginning and close of an epidemic.

No remedy for the bubonic plague has ever been found. Last month a Chinese doctor in Canton was said to have found a remedy in a certain sea-weed, but the rumor had no foundation of truth in it. It is said that the Spanish doctors have found sweet-oil a remedy of value. They use it both internally and externally, rubbing the buboes with it. Our English and American doctors see no science nor utility in this remedy. Stimulants, nourishing food and careful nursing are about all that can be done. The patients are isolated in hospitals for their especial use, and only the doctor and his assistants are allowed to enter the room or wards. In Hong Kong the Chinese have insisted upon having their plague-stricken ones cared for *a la* Chinese. The number of deaths has been very large among these. The Chinese doctor himself is an epitome of ignorance. The Chinese hospital is an example of condensed filth and neglect of the patient's comfort, and the attendants are as ignorant as the doctors; hence the poor patients die by hundreds. It is quite impossible to know the exact number of deaths, as the Chinese conceal all they possibly can from the European authorities.

As thousands of Chinese from Hong Kong and Canton have entered the interior districts, flying from the plague, we fear the mainland is yet to have a severe visitation and the end is not yet.

A curious phenomenon connected with the prevalence of the plague is the immense number of rats which die in the infected localities. Thirty thousand of these have been gathered up in Canton by a native who wishes to gain religious merit!

Thus far but three Europeans have died with the disease—these three in Hong Kong. Two of these were connected with the sanitary work; the other, so far as known, had not been exposed.

If one of our home doctors will only find a remedy for this dreadful pestilence, he will gain renown unlimited and confer a priceless benefaction upon poor, stricken southern China.

ANNA K. SCOTT, M. D.

CLEVELAND MEDICAL GAZETTE

A MONTHLY JOURNAL OF MEDICINE AND SURGERY

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Excipients please notice that the GAZETTE office has been moved from 143 to Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley

EDITORIAL.

SHALL CLEVELAND HAVE ONE MEDICAL LIBRARY?

The medical profession of Cleveland and Cuyahoga County are actively striving for new and better things. New societies are being organized. New hospitals are in process of construction and are under contemplation. New laboratories are being equipped. New teachers of medicine are being imported. A large additional number of medical students to Cleveland is anticipated by several of our colleges. A wave of great enthusiasm for a more scientific and surgery that shall place Cleveland on a par with other American cities is sweeping over the local profession. A does not signify that Cleveland has not already had her

societies, her hospitals, her colleges and her teachers, but that she proposes to improve upon the work of each one of these departments of medicine.

In one respect, however, the medical profession of Cleveland is lacking, and that is in the possession of a medical library worthy of the city and its other advantages. This, the most pressing want of our profession to-day, is widely recognized, and plans are a-foot looking towards the provision of a working library for the studious physicians of this community. It is a fact that Cleveland, posing as it does as a city of culture, is woefully behind other great cities in this respect. When it is known that no medical library worthy of the name, either public or private, is at the disposal of the medical men of this locality, the urgency of this demand must be obvious.

Of what use are the laboratories and the clinics to which we look with pride, without a library that shall furnish an opportunity for scientific literary research? What physician among us who desires to prepare a scientific paper does not feel the need of a good reference library? As a matter of fact, a scientific and literary paper cannot be prepared in Cleveland without the copious use of the surgeon-general's library at Washington. One who has experienced the trouble and delay of obtaining literature from this source must realize the great impediment it offers to literary research. Is it not probable that we might look for many additional contributions to medicine from the local profession if only a good working library were readily accessible?

Then, too, it must not be forgotten that in inviting into our midst a large class of medical students upon the promise of educational advantages equal to those of any other great city, we owe to these students the advantages of a good medical library; for instruction in scientific literary research is of as much importance in medical education to-day as laboratory instruction and clinical instruction. Admitting all of this, what can be done towards the early foundation of a medical library?

The nucleus of a medical library already exists in Cleveland. It is, however, a "fragmentation nucleus," and, like its prototype in histology, it portends degeneration. The Cleveland Public Library has some text-books and periodicals; the medical societies have some

books and periodicals ; certain individuals stand ready to collect books and periodicals ; the editors of this journal have some periodicals for disposal. These fragments must be gathered into one homogeneous whole at the earliest moment. They must be catalogued and housed in a spacious and centrally located building, put in charge of a competent custodian. Then will the nucleus be ready to enter upon its mitosis ?

Now must follow the purchase of additional periodicals, the standard foreign periodicals in the various departments of medicine. The files of the journals must be completed as rapidly as possible, and dictionaries, cyclopedias and text-books purchased. This means, first of all, money ; and, secondly, the services of a competent librarian, thoroughly versed in the duties of his position, and especially familiar with the literature of medicine and allied sciences. We are informed that funds with which this work are already in view, and it is scarcely too much to expect that by subscriptions and endowments the money necessary for the continuation of the good work will be forthcoming. It is a well known fact that educational ventures have rarely perished in Cleveland for want of endowment by some generous citizen, and it is scarcely probable that so important a venture as a working library for physicians and surgeons will prove an exception, once the work is properly presented.

Since the proposed library is to be an institution that is of mutual benefit to the local medical profession as a whole, of vital importance that the movement be one of hearty cooperation. *One great medical library for Cleveland*, centrally located and well maintained, is all that the profession requires. It would be a height of folly for several societies or bodies of physicians to attempt to establish separate libraries ; for it would only result in the dissipation of exertion and money, which, employed in a concerted effort, would assure the foundation of the much-desired library. In this venture, as in so many other like ventures of society, the much-sought end will be best and most speedily accomplished by a concentration and centralization of power. Cannot we who have this matter so much at heart join hands in an effort to make a medical library that shall be to the physicians of Cleveland what the Newbury Library is to the profession of Chicago ?

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

A SYSTEM OF LEGAL MEDICINE. A complete work of reference for medical and legal practitioners. By Allan McLane Hamilton, M. D., Consulting Physician to the Insane Asylums of New York City, etc., etc. Assisted by Lawrence Godkin, Esq., of the New York bar, and a corps of thirty collaborators, in its various departments, with which their scientific reputation is identified. Sold by subscription. E. B. Treat, Publisher, 5 Cooper Union, New York, 1894.

We congratulate the medical and legal professions upon the appearance of this new work on a subject of such vast importance to both doctor and lawyer. The well-known editor has selected as collaborators to this "System of Legal Medicine" gentlemen whose opinion may be considered almost final on the subjects to which their names are appended.

In these days when the medical expert is so often made a target of by scheming attorneys, it is well to be in possession of knowledge that will enable the practitioner to avoid the many pitfalls which surround him while on the witness stand. This treatise is certainly a safe counsellor in just such perplexities, which one encounters but too often during his medical career. While all the articles are most satisfactory, and, in fact, leave little or nothing to be desired, we can refer with much pleasure to the chapters on "Medico-legal Inspections and Post-mortem Examinations," by Dr. A. T. Bristow; "Death in Its Medico-legal Aspects," by F. A. Harris, M. D.; "Identity of the Living," by the editor; "The Toxicologic Importance of Ptomaines and Other Putrefactive Products," by Victor C. Vaughn, M. D.; "The Medical Jurisprudence of Life Insurance," by B. Symonds, M. D., and to the able article by Wm. A. Purrington, Esq., of the New York bar, on "Certain Legal Relations of Physicians and Surgeons to Their Patients and to One Another."

This book is well gotten up in every detail, a feature characteristic of E. B. Treat's publications.

The second and concluding volume, which is promised early in September, will be eagerly looked for by all who are fortunate enough to possess a copy of the first.

NOTES AND COMMENTS.

Dr. H. J. Lee expects to return to the city soon and resume his practice. He is fully restored to health.

Dr. and Mrs. C. B. Parker tendered a reception to Dr. and Mrs. A. P. Ohlmacher, Friday evening, August 3.

Dr. F. K. Smith, secretary of the Cuyahoga County Medical society, will fill Dr. Russell's place in the Medical Department of the Western Reserve University during his absence.

Dr. G. C. Russell, lecturer on materia medica in the Medical Department of the Western Reserve University, expects to leave the city for a year's absence. He accompanies Mr. Wade and party in the "Wadena," on their tour around the world.

Dr. A. P. Ohlmacher, formerly professor of embryology in the College of Physicians and Surgeons, Chicago, and of Pathology in the Chicago Polyclinic, who was recently elected to the chair of pathology and bacteriology in the Medical Department of the University of Wooster, has arrived in Cleveland with his family and taken up his residence at 54 Fifth avenue.

Dr. W. L. Buechner, of Youngstown, has recently removed from that city to Cleveland. Dr. Buechner is a graduate of the Medical Department of the Western Reserve University, class of 1885. The doctor has been appointed visiting surgeon to St. Alexis hospital.

Of the eighteen thousand nine hundred and ten medical students in the United States, sixteen thousand seven hundred and fifty-nine attend medical colleges, one thousand four hundred and ten attend homeopathic, and seven hundred and forty-one eclectic and allied sectarian colleges.

Czerny, of Heidelberg, after having agreed to accept the succession to Billroth, subsequently declined the appointment through an unfortunate misunderstanding. Gussenbauer, of Prague, has accepted the position.

The laboratories of pathology, histology, physiology and bacteriology at Wooster Medical College, Brownell street, are being rearranged and refitted. As soon as the hospital on Woodland avenue is completed the outdoor clinics hitherto held at the college will be transferred to the hospital, thus leaving more room in the college building available for laboratories. New apparatus to the value of three thousand dollars has been added to the equipment of the laboratories.

Death from Cocaine.—A death from cocaine has just occurred in a dentist's chair in Goshen, Indiana. The patient was a man of fifty years of age, and was to have two teeth extracted. Ten minims of (nearly) an eleven per cent. solution were injected in the gums, and the patient died in a few minutes after the teeth were extracted. The toxic dose of cocaine in this case was, therefore, about one and one-twelfth of a grain.—*Railway Surgeon.*

The Significance of the Word "Doc."—Dr. Willis P. King, of Kansas City, while he has the reputation of being the greatest wit of the medical profession, mixes a certain degree of philosophy with his utterances that always makes what he says valuable as well as amusing. For example, he says (*National Medical Review*): "If it has been your misfortune to be called 'doc,' and if this recognition has become at all general among your friends, you might as well move to some other place. A man may be called a thief, a liar and a dead-beat, and yet he may prosper and live on the fat of the land. But once let him be called 'doc' and his professional success is at an end.

We would prefer to spend a night in the station-house, so far as the effect on our professional success is concerned, rather than to have our friends notice our approach by saying, 'There comes "doc."' If a man calls you 'doc' you need never expect a penny from him for any professional services you could render. His answer is sure to be, 'All right, doc, in a few days that will be all right.' 'Doc' means disaster. 'Doc' is the culmination of all calamity. 'Doc' is a catastrophe given at one stroke. 'Doc' is the warning that we have reached the extreme limit of our usefulness. 'Doc' is the hand which points us to the next town. Shun it, my young friend, as you would flee from a Kansas cyclone or a prairie-fire. Knock the man down who first dares speak it to you; and call upon the whole medical profession for vindication of your righteous deed."—*Clinique.*

Officers of the American Medical Association.—The list of these shows a comparatively large number of names not widely known to the profession, and a deficiency of prominent members of the profession from the large medical centers of the East. This is likely to be the subject of unfavorable comment; and it has already been suggested that it indicates unfair discrimination; but such a view is not supported by facts.

These prominent members of the profession were simply not present at the meeting, and therefore could not be chosen. Take the case of Philadelphia, which has been especially mentioned. Of the eight members present from this city, five either held official positions or were elected to them at this meeting; while, on the other hand, among those honored last year by important appointments, one who was to deliver a general address, two section officers and six members of the general business committee, failed to attend the

meeting. If the so-called "leaders of the profession" do the profession is worth leading, they must not expect the Medical Association to keep all its offices vacant on their account to hold all its meetings in the immediate vicinity of their homes.

The trouble this year was in the holding of the meeting of the association in San Francisco within a week after the meeting of the Medical Congress in Washington; but the time of the next meeting of the former is fixed by its by-laws, while that of the latter is entirely within the control of its executive committee. It is extremely unfortunate for the profession if any conflicts of interests are to be continued in the future. The congress intended to represent the whole profession, while the association and the men who take an active part in the congress have to represent the profession which demands that they should take an active part in the association.—*The Philadelphia Polyclinic*

The Teaching of Chemistry in Medical Colleges

Medical News has been severely taken to task for its position in regard to the teaching of chemistry in American Medical Colleges; nevertheless, the subject is one too important to permit of being silent until the reform we seek to bring about is an accomplished fact. Let one who doubts the truth of our strictures ask the opinion of the clinicians among the younger generation of leaders—we say the younger generation in order to confine observation to a period recent enough to be properly the subject of comment—wherein they can keenly feel the deficiencies of their training. We venture to say that seven out of ten will answer, "in advanced chemistry." They will confess, if they are honest, that they are not only unable to participate in, but are sometimes hardly able to follow, recent advances in pathology and therapeutics; that the whole subject of infection and immunity is for them beset with unnecessary difficulties because they have not been properly grounded in organic chemistry.

Nor are the majority of recent graduates—even yesterday's graduates—much better off. The kindergarten chemistry lectures proposed in many medical colleges to be all-sufficient for general chemistry classes, are not up to the standard that should be exacted for admission to the first year's course; and even in some of the first-class colleges the time devoted to physiologic chemistry and pathologic chemistry is ridiculously inadequate.

The truth is that old superstitions as to what constitutes a liberal education have hampered even scientific institutions. The title of the edge of books and of men who have written books is a little knowledge, but the knowledge that is required by a physician is so much of letters as of things. Physics and chemistry, biology, and even considerable geology, are absolutely necessary before the science of medicine can be approached. The science of medicine can be learned in a fashion without these—and also without the languages. Hitherto our medical schools have been—n

tifiably—exalting the art of medicine, and hence the faulty organization of many of them. But the day of higher education and of exact research has dawned—and the schools that desire to keep high rank in the new day cannot stop with half-way measures. Physics and inorganic chemistry must be made preliminary requisites. General organic chemistry must be taught thoroughly during the first two years, in the laboratory, by a sufficient number of competent teachers, and for hours at a time, not for occasional minutes. The junior class must devote a sufficient time to physiologic chemistry, and the senior class study pathologic chemistry and be trained in methods of original research. Post-graduate courses must be organized for those who desire to continue these studies. The immediate future of medical science demands accurate and extensive chemic knowledge, and if American schools do not give it, American physicians will be left far in the rear. It is true that all cannot be done in a day, but a beginning can be made at once. The first practical step is to abandon the elementary lectures now given to first-year and second-year classes in medical colleges, and insist on a knowledge of general chemistry as a preliminary qualification. The rest will follow.—*Medical News*.

Program of the Northern Ohio District Medical Society, to be held in the Park Hotel, Oberlin, Ohio, September 6, 1894.

1. Miscellaneous Business.
 2. "Eclampsia"DR. BUNCE
 3. "Diphtheria Fifty Years Ago"DR. J. M. COOK
 4. "Schuchardts' Method of Vaginal Extirpation of the
Uterus—Report of Case"DR. STAMM
- RECESS UNTIL 2 P. M.
5. "Fractures of the Forearm"DR. X. C. SCOTT
 6. AddressJUDGE KELLY
 7. "Fractures of the Upper Arm—Presentation of Splint"
..... DR. GRAEFE
 8. "Hysterectomy in Ectopic Gestation"DR. C. N. SMITH

The Power of a Dipsomaniac.—Peter the Great was an enormous consumer of brandy, and, to drop to modern times, Webster was not strictly temperate, and Lincoln had some very able whiskey-drinking generals; but history furnishes no account of dipsomaniacs who were sound in judgment or great in action. Dipsomania is a morbid condition, characterized by the irresistible obsession and impulse to drink, coming on in attacks during which the patient abandons himself entirely to the craving for liquor. Dipsomaniacs may appear perfectly rational between their seizures, and may transact business with apparent soundness of mind. Nevertheless, they

still possess something unbalanced and false in their mental n. Dipsomania always occurs in persons who have a psychopatic constitution ; they belong to the class called by the French the *égarés*. Consequently, one will always find in their character a peculiarity which puts them out of the ordinary, and among which we cannot entirely trust. Their eccentricities may be less, or may be shown in some moral perversion or monomaniacal enthusiasm. A person who has dipsomania is essentially of a weak judgment and whose actions may be erratic, perhaps even grotesque ; or, on the other hand, foolish, cruel, or criminal.

The reports of the present extraordinary riots and disturbances which have paralyzed trade, destroyed property and terrorized communities is shocking, yet under the circumstances not so surprising. Such men sometimes have a power of eloquence and organization sufficient to accomplish at times a great good, but often enormous evil. But it shows something vitally defective in the local government of some of our cities and states, when a responsible enthusiast can bring about such things as we have seen in and about Chicago during the past few weeks.—*Medical*

Medical Editors' Banquet, San Francisco, June 5. Covers were laid for two hundred, and fully one hundred of the men who publish the advances of medicine and surgery in the world sat down to the feast.

Dr. Charles S. Hughes, of St. Louis, Mo., president of the Medical Editors' Association, just after the caviare, introduced to those present Dr. I. N. Love, of St. Louis, as toast master, assuring them that it was only with the latter's assistance, collaboration of Shakespeare and Tom Moore, that the feast of reason on toast and cards had been gotten together.

Sandwiched between the paupiette of salmon and the reindeer steak, Dr. Love gave it out that the toasts would be infallible, their recurrence, and that the most distinguished speaker might find himself at any moment between the young squab and the old hen with only a few moments to save himself.

And the banquet went on and the responses followed thick and fast. Dr. Hughes, the president, congratulated his "fellow editors" that the revolutions of the wheels of time had brought them together in the lovely city of San Francisco, where they had a splendid promise of a lively time. They would enjoy all that life had to offer and could look in the bright eyes and gaze on the handsome faces of the beautiful wives and daughters of California, whose beauty of head and heart have done so much to make the men of San Francisco what they are.

The doctor, whose especial business it is to treat brain disease, highly of those which composed the medical editors' association and paid a high tribute to their work in advancing the medical profession.

This response was followed by loud applause, and Dr. Henry O. Marcy, of Boston, ex-president of the association, responded briefly to the "Editors' Association." Dr. P. O. Hooper, of Little Rock, Ark., responded to the toast "The Board of Trustees of the American Medical Association." Dr. John B. Hamilton handled "The Journal of the American Medical Association," of which he is editor, in a clear manner, and was followed by Warren Olney, of this city, who toasted and welcomed "Our Guests."

Responses had been arranged to toasts in rapid succession as follows: "The Physicians of California," Dr. L. Cooper Lane, of San Francisco; "The Lawyer and the Doctor," by E. R. Taylor, M. D., president of the San Francisco Bar Association; "Woman," Dr. Lyman Beecher Todd, of Lexington, Ky., at which place they are known to be very beautiful; "The Medical Purveyor—Handmaiden of the Physician," Dr. A. L. Hummel, of Philadelphia; "The Old Guard." Dr. R. Beverly Cole, president of the Medical Department of the State University.

The miscellaneous toasts followed without number, and some of the brightest hits of the symposium were made during their delivery.

It was long after midnight when the last "cat died," and although the electric light went out for a few minutes, neither the brilliancy of the wit nor the sparkle of conversation was dimmed for one moment.

The Plague.—The bubonic plague, the terror of Europe even to the close of the seventeenth century, has again made its appearance in China, where it is more or less endemic, as it is in Asia Minor. The British Medical Journal, while admitting the vividness of the picture drawn by De Foe, points out that "while there is much exaggeration in his 'Plague of London,' his description of the phenomena of the disease is fairly accurate. The present title is derived from the swelling in the groin. In the earlier plague, a similar swelling in the axilla was a frequent symptom. The disease is a rapid, malignant, contagious fever, accompanied by buboes, carbuncles and livid spots. At least two-thirds of its victims die. Its symptoms are violent headache, accompanied with violent tremors alternating with intense heat. The eyes become red and assume a ferocious aspect, resembling those victims of hydrophobia. The pain extends from the head to the spine, joints and limbs. Then follow vertigo and delirium. The tongue is dry and yellowish. Respiration is difficult, nausea occurs, but rarely vomiting. The disease runs its course in from three to seven days. The patient often dies in a few hours. The first known appearance of the plague in Europe occurred 430 B. C., when it depopulated Athens, reaching there from Egypt by way of Libya. It was brought into Europe by the returning crusaders, and has frequently appeared since, always coming from some part of the Turkish dominions. It appears in lower Egypt, Syria and Turkey about every

seven or ten years. It has often made its appearance in the most frightful visitation being in A. D. 430, when there scarcely enough living left to bury the dead in all England. A. D. 716 Constantinople lost two hundred thousand. Germany lost ninety thousand. It has scourged various Europe from time to time since, carrying off hundreds of thousands at each visitation. In Egypt, eight hundred thousand died. The latest visitation of which we have an account at hand is 1813, when it was exceedingly fatal in Egypt and in Malta. *ical Record.*

Short Papers for Medical Societies.—It seems to be characteristic of the individual mind to regard the thoughts evolved or passed through its refining process as having importance to others.

Again, the authors of papers read before medical societies frequently do scant justice to the knowledge and intelligence of the hearers. They often appear to suppose them quite ignorant of the contents of the standard text-books, or incapable of the common and most obvious deductions. We have sometimes suspected a writer had a lurking idea that by occupying a great deal of society's time he could give the impression of increased importance to the observations that he had to present, supposing that the listeners were incapable of judging of the value of the contribution except by its bulk.

It is a fact, though, that ideas are not measured that way in the end it is the idea, most frequently a single idea, that is a paper valuable or impressive. This being the case, unnecessary words, and more especially unnecessary ideas apart from the main simply tend to hide the one idea which the hearers care to hear, and the author who attempts to make the most of his stuffing it up and making a sort of treatise of it, is very entirely defeat his purpose.

In a medical society, the reader of the paper is only one of many hearers. Each individual has equal rights, each is entitled to contribute an equal portion of his more or less valuable knowledge; that in the aggregate the rights of the listeners far outweigh the preference or desires of the reader, and ought to be given greater weight.

Again, to the reader of a paper other channels are open for getting it before the professional public. If he merely has something to communicate which he wishes to place upon record, the medical society is the wrong place to bring it; or if he does bring it, he ought to get it in the transactions, he ought to read it by title. It is not applicable to many of the reports of curious cases; and the "many notes" that are put out in order that nobody else should have an idea, which too often is so worthless that nobody with respect would want to claim it.

The padding of papers with reports of cases is, perhaps, the most glaring violation of the privilege given to the reader of the paper to occupy a certain portion of the time of his fellow-members. Even if cases have to be introduced into the paper in the form in which it is to be published for reference, they ought to be omitted in the reading; or, if one is cited to illustrate the characteristics of the disease, or the effect of the treatment proposed, it should be read only in abstract, those points alone being mentioned which bear directly upon the questions which it is proposed to raise for discussion.

The most valuable use that a medical society can make of its time is in general discussion, conducted under rules that secure brevity on the part of the various speakers. And the most important function the paper can perform in such a meeting is to awaken such a discussion. To do this, it must always be short. No matter how much interest it may awaken in the first five minutes of its reading, if it be continued twenty, thirty or fifty minutes longer, that interest will certainly die out. The member who was going to support it or attack its conclusions will look at his program to see how many such papers he must listen to before adjournment, and concludes that there is not time for him to say anything, and the discussion will go by default.

The effort to secure brevity in the papers and discussions is often made by the adoption of a rule limiting the time that the reader and each of the subsequent speakers can occupy. But such a rule is too often understood to mean that this much time must be occupied. Under a twenty minutes' rule, a five minutes' paper is apt to be padded up to twenty-two or twenty-five minutes. It never seems to occur to the reader that he can, with any credit to his own intellectual resources, occupy less than the prescribed period.

The same thing is true in debate, particularly if they have been previously requested to open the discussion, and had their names printed on the program. Under such circumstances, they seem to feel that their audience will be disappointed if they do not give them at least the full amount of talk that the rule will permit.

Hence, rules upon the subject, however excellent they may be, will not alone accomplish the purpose. The presiding officer should not merely strictly enforce them, but enforce them in such an aggressive way so that it will be rather unpleasant for the reader to lay himself open to a call to order, and when the time limit has been reached the hearers should show sufficient honesty and respect for themselves to refuse to extend the time. Of course, to these, as to all other rules, there may be exceptions, but the extension of time should be the exception and not the rule; and the action of the presiding officer in regarding the rights of the listening majority should be cordially sustained.

More medical society meetings are made dreary failures by some one or more long-winded reader or speaker than from any other

cause, and as the reader himself suffers from his prolixity, he be helped as much as anybody by having it discouraged, as to gain by the observation of a time restriction. The common of the members ought to over-rule any temporary delicacy and inclination to appear disagreeable.—*Philadelphia Polyclinic.*

Hydrophobia.—The number of cases of hydrophobia that in this country is happily small. It would doubtless be still but for the exploitation of the Pasteur Institute conducted by Gibier in New York, and of its feeble imitation conducted by the same in Chicago. These institutions and the newspapers that in the past have published sensational accounts of cases of so-called hydrophobia, have in a mild way reproduced some of the conditions that make France the hotbed of hydrophobia, as well as hysterophobia. But the psychological make-up of Americans is less favorable to the development of the germs of hydrophobia or those of hysterophobia than that of the French, and consequently there is less of it here than there is in France. The number of deaths in France was greater than it was before Pasteur, just ten years ago (in May, 1887), boasted to a newspaper reporter: "Whoever gets bitten by a dog has only to submit to my three little inoculations, and he will not have the slightest fear of hydrophobia." The year before he made that boast there were four deaths from hydrophobia in the Department of the Seine; the year after, when he had practiced his preventive method for six months, the deaths from hydrophobia leaped at once from four to twenty-two. In 1886 the number fell to three again, but I have a list of twenty-three that died after treatment by Pasteur himself in that year. In 1887 the deaths in Paris fell to nine, and rose in 1888 to nineteen. The oscillations indicate that Pasteur's method is no more preventive of hydrophobia than is the method which he declared in 1884 to eradicate rabies in dogs. On the contrary, Pasteur's method undoubtedly increased the number of deaths from hydrophobia. The statistics have indicated what has taken place in France, and can positively show that there has been no diminution in the number of deaths from hydrophobia in any part of the world since Pasteur's infallible method was inaugurated; and at the same time there has been a great increase in these a large number of deaths due to inoculation of the virus, what ought to be called "Pasteur's disease." Just how many deaths there have been no man can say. The statistics are confusing. The statistics from friendly sources contain remarkable discrepancies. The statistics of my own statistics, published in the *Annales de l'Institut Pasteur* in March of this year, admit seventy-two deaths in seven and a half years, after treatment, in Paris. My own statistics show a much larger number, while I find that Dujardin-Beaunietz, a most enthusiastic supporter of Pasteur, reported to the Academie de Medicine on July 1, 1892, ninety-eight cases in only six years, which is just two cases more than Pasteur himself reported for eight years. C

in which such curious figures appear may be seen when we examine Pasteur's detailed report for 1893, in which we find that ten actual deaths are set down as four, because two of the ten unfortunates succumbed in less than fifteen days, three developed their fatal disease while receiving the inoculations, and one did not stay to have the treatment completed. The same manipulation may be found in the reports for other years.

In view of these facts, it is astonishing to see how medical writers quote approvingly the claim that the Pasteur method has reduced the mortality from hydrophobia from fifteen or sixteen per cent. of those bitten by rabid animals to a fraction of one per cent., especially as this claim of Pasteur and his disciples, besides being in the face of the fact that more people die now from this disease and Pasteur's disease than used to die from hydrophobia, rests upon the stupendous fallacy that Pasteur has saved from death by hydrophobia during the last eight years, nearly fifteen thousand persons, who are in the report spoken of as "cured," of whom about nine-tenths were Frenchmen, say about fifteen hundred a year. Of this number he is supposed to have "cured" about fourteen hundred Frenchmen in the year 1893—more persons than have died from hydrophobia in the United States in a century.—*Medical Age*.

Hysteria in Germany.—In a little village, Schwanheim, near Frankfort, occurred an epidemic of hysteria lately, causing considerable consternation and excitement among the citizens. Two young girls awoke one morning and found that their hair had been cut close to the scalp. They related that a person had come into their room during the night and that he had cut their hair. Several girls experienced the same thing, and finally a young woman, who was to be married the next day, lost her hair. Some of the citizens volunteered to watch over the houses of young women. These citizens received anonymous letters that their whiskers would be cut. On the door of one of the public buildings was found the following inscription:

Wir sind unser dreissig,
Bei nacht sind wir fleissig,
Bei tag sehen wir zum Fenster hinaus,
Und lachen die Leut' aus;
Jetst schneiden wir Zopf' ab,
Später schneiden wir Kopf' ab.

It was later explained, of course, that the hair had been cut by the girls themselves.—*Ugeskrift F. Lgoeer, R. I. Medical Monthly*.

A New Hanging Machine is to be put to the practical test soon in Connecticut. It is so constructed that the weight of the condemned criminal stepping on a platform sets in motion the necessary machinery for his suspension. Some people protested against its use on the sentimental ground that the man hanged would be virtually a suicide.—*Medical Record*.

A Canadian View of Russia.—The *Canadian Medical* regrets that the next International Medical Congress will be in Russia, "as we fear very few will trust their lives in that country," and thinks that "Vienna or even Montreal would be a much more acceptable and more accessible place." It might be more accessible to the inhabitants of the North American continent, but we assure our esteemed contemporary that it is not such a dreadful place. Many of its inhabitants go about with forks, and the nihilists seldom kill more than sixteen doctors in a week.—*Medical Record*.

Dr. I. Friedmann, of St. Clair street, has been greatly surprised by the unenviable notoriety achieved by a certain Dr. A. Friedmann, an oculist so-called, who settled in Cleveland a few years since.

Annual Meeting of the Medical Department of University of Wooster.—Dr. M. Rosenwasser was elected dean; Dr. Parker, vice-dean; Dr. H. W. Rogers, secretary; Dr. C. C. Stone, treasurer; Dr. N. Stone Scott, registrar, in place of Dr. Brashear, who has so efficiently filled that position for a number of years.

Dr. Julius Wolfenstein.—Dr. Julius Wolfenstein, known and highly respected young physician of Cleveland, died August 12, at three o'clock, at the Jewish Orphans' Asylum, Woodland avenue. Deceased was the son of Dr. Samuel Wolfenstein, the superintendent of the orphans' asylum. He was eight years of age, having been born on June 26, 1866, at Hamburg, Germany. He came to this country with his parents, locating in St. Louis, and came to Cleveland sixteen years ago. He graduated from the public schools and high school of Cleveland and took a course in the Western Reserve Medical College, where he graduated. He then spent two years abroad, studying medicine in Vienna, Paris and other large cities of Europe, returning to Cleveland in August, 1888. Since then he has been practicing medicine and surgery, and latterly making an exclusive specialty of the disease of the ear, nose and throat. He was until recently secretary of the Cuyahoga County Medical society, and stood high among the physicians of the city in his specialty.

Unsexing of Women.—When will the profession reach the "craze for operating" that has seized many physicians, and lead them to unsex and mentally destroy numbers of women, in the sake of figuring as operators than on account of any good that would be done the patient? We know of no cases where operation was a benefit to the victim, and of many where it was an injury.—*Medical Epitomist*.

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ORIGINAL ARTICLES.

THE *PROTEUS VULGARIS* IN A CASE OF APPENDICITIS COMPLICATED WITH INGUINAL HERNIA.

BY A. P. OHLMACHER, M. D., CLEVELAND, OHIO.

Professor of Pathology and Bacteriology, Medical Department of the
University of Wooster.

This case is interesting both from a clinical and a bacteriological standpoint. In its clinical aspects the case presents some unusual complications and a peculiar history for appendicitis. Bacteriologically, the case is of interest because it represents one of the few recorded instances in which the isolated organism, the *Proteus vulgaris*, has been discovered in a parasitic role.

The *Proteus* group of bacteria (the "*Bacterium termo*" of the older bacteriologists) are everywhere present as the ordinary microbes of putrefaction or decomposition, and they are among our most common saprophytes. As primarily parasitic organisms, the varieties of *Proteus* are comparatively unknown. It is true that they have been isolated under various pathological conditions in a few cases, as, for instance, by Karlinski from the uterine discharges and contents of a pelvic abscess; by Babes from the intestines and organs of a case of septicæmia, and by Booker from the alvine discharges of infants suffering with cholera infantum. Babes also isolated, from the lungs and spleen of a case of septicæmia in a man, an organism that he placed in the *Proteus* group; though in its morphological and biological characters this "*Proteus lethalis*" departs

considerably from the other members of the group. The meager literature of *Proteus* infections in man is incorporated in a paper by Flexner (Johns Hopkins Hospital Bulletin, April, 1893), and in this communication he records the discovery of the *Proteus vulgaris* in pure culture in a post-mortem bacteriological examination of a man who had died of acute peritonitis. While he recognized the chance of a post-mortem contamination of the abdominal and thoracic contents in this case, Flexner was constrained to regard the presence of the *Proteus* as of etiological importance.

Experimentally, the group of proteus bacilli have long been recognized as possessing pathogenic properties. Cheyne, Foa, Bonome and Hauser, have demonstrated by various inoculation experiments that the varieties of the *Proteus* organism possess marked pathogenic properties for rabbits, guinea-pigs, and other animals^{*}, both in active cultures and in inoculations with the metabolic products of these bacteria. It has been demonstrated, moreover, that variations in pathogenesis occur in the members of this group of bacteria, just as they vary in morphological and biological characters. From these experimental evidences, therefore, we are not so much surprised to find that this class of organisms has come under the suspicions of the pathologist.

In the light of this introduction, the following report derives what bacteriological interest it may possess.

CLINICAL HISTORY.*

A druggist, about thirty-five years of age, was referred to Professor Fenger's surgical clinic at the Emergency Hospital, Chicago, December 16, 1893. Family history and history preceding the present illness not obtained. The patient had an old oblique inguinal hernia which sometimes gave him trouble, but it was usually easily reduced and retained by a truss. A week ago he had an attack of pain in the region of the cæcum, with slight fever, and with tenderness on pressure. During the succeeding few days, the fever of a low degree continued, while the tenderness and pain over the cæcum subsided somewhat. The hernia was prominent

*The previous history of this case is unsatisfactory, as the attending physicians failed to furnish the desired data. I am indebted to the courtesy of Professor Fenger for the opportunity of making the examination and of reporting the case.

during this time and resisted efforts at reduction. The pain shifted from the cæcal region to the neighborhood of the hernia, and some tympanitis over the right side of the abdomen was noted. The bowels moved occasionally during this week of illness, but the stools were small in quantity and never occurred without mechanical or medicinal assistance. At the end of this week of illness, the attending physicians decided to obtain a surgical consultation. Their diagnosis was strangulated (?) inguinal hernia. The patient was seen by Professor Fenger on the evening of December 15, and immediate operation was advised.

Present Condition.—The hernial tumor in the right inguinal region is very prominent on inspection. The right hypogastrium and right inguinal region are somewhat prominent and tympanitic on percussion. Tenderness marked over the cæcal region and over the hernial tumor. Temperature 100.5° F. The patient is conscious and in good general condition.

Operation by Professor Fenger.—Incision of the hernial sac. On opening the hernial sac, a gush of extremely foetid pus escapes. Pus comes from above. The hernial sac contains only omentum bathed in flowing pus. With the direction of the flow of pus as a guide, the operator followed up the inguinal canal with knife and scissors, the flowing pus being exaggerated from time to time by violent gushes. A careful dissection and exploration revealed the source of the pus in a sac surrounding the cæcum. The appendix was not found. The offending mass of omentum was excised, and the wound packed and dressed.

The subsequent history of the case was without event, and the patient was discharged from the hospital in due time.

BACTERIOLOGICAL STUDY.

The technique employed in this case was the same as that employed by the writer in a series of bacteriological studies of peritoneal exudates, and departs in certain minor details from that usually employed in this kind of work. This is especially true in regard to the method of obtaining the material for examination; for under the conviction that a chance for error arose in the ordinary methods of obtaining this kind of material, the author has employed a modified method, the principle of which lies in the use

of a larger amount of the exudate than is usually obtained. Of course, the method is only applicable to those cases in which a considerable amount of exudate exists. In other cases the Prudden swab, described by Hodenpyl (New York Medical Journal, December 30, 1893) and illustrated by Park (Medical Record, February 11, 1893) finds employment.

A sterile and cotton-plugged test-tube was washed externally with a 1:1000 sublimate solution. The lower half of the tube was enveloped in a piece of sterile gauze, and the neck and upper portion of the tube thoroughly flamed. These steps were conducted at the time of the operation, the final flaming of the tube taking place just before the pus was caught. At the first gush of pus the cotton plug was carefully removed from the tube, and the tube held into the wound in such a position that the pus flowed into it. When sufficient pus had been collected, the neck of the tube was carefully dried by heating over the alcohol flame, and then thoroughly flamed, after which the plug was inserted. Two such tubes were partially filled with pus, and aside from this, two agar tubes were inoculated by the aid of the platinum loop, directly from the pus as it issued from the depths of the wound.

Immediately on arrival at the laboratory, two gelatine Esmarch rolls were prepared from the pus, and several stab and slant inoculations were made into tubes of peptonized gelatine and agar, and into glycerine agar.

The fresh pus was examined microscopically, and it exhibited large and small pus cells, a few degenerated and distorted epithelial cells, and, in the clear spaces between the formed elements, many actively motile bacilli. Several fixed cover-glass preparations of the pus were stained with aqueous methylene-blue and with the Biondi-Ehrlich re-agent. In the methylene-blue preparations the bacilli noted in the fresh pus were seen as rods of irregular sizes and shapes. In fact, it may be here remarked that in its morphology this bacillus showed the most striking irregularities throughout all the experiments, thus resembling the organism described by Flexner (*loc. cit.*). The specimens stained with the Biondi-Ehrlich mixture showed nothing remarkable, the fragmenting nuclei and granules of the pus cells staining as usual.

Biological History of the Isolated Organism.—A well-marked, whitish, somewhat iridescent (by transmitted lamp-light) growth appeared on the surface of all the agar streak cultures inoculated with the pus, and kept at the incubator temperature for twenty-four hours. In forty-eight hours the colonies in the Esmarch rolls were 3 m. m. in diameter, cup-shaped, grayish in the center, with a clear, irregular border of liquefaction. These rapidly liquefying colonies were the only ones that appeared in the original Esmarch rolls; and no other kind of colony appeared in any of the plates made subsequently to the operation, from various other tubes. From this it was evident that so far as the plate culture method of separating bacteria could be relied upon, we were dealing, in this case, with a *pure culture* of a single species of bacteria.†

In three or four days both Esmarch rolls and gelatine plate cultures had run down, with the development of an intensely putrefactive odor.

Gelatine stab cultures, at the room temperature, showed distinct growth, both on the surface and along the needle stroke, in twenty-four hours; and at the end of forty-eight hours, liquefaction was well advanced. In these gelatine stab cultures the liquefied portion extended from the surface into the substance of the gelatine as a blunt, funnel-shaped mass, wide above and tapering gradually as it extended towards the bottom of the gelatine. In three days the funnel of liquefaction had advanced nearly to the bottom of the tube, and the mass of bacteria had settled into the bottom of the funnel as a grayish-white layer, leaving the upper portion of the liquefied gelatine slightly cloudy, and with an imperfectly developed surface layer. In five or six days, at the room temperature, the liquefaction of a gelatine stab culture was complete. In old gelatine cultures the bacteria subsided as a viscid, yellowish-white layer in the bottom of the tube. The liquefied portions of the gelatine cultures all gave a strongly alkaline reaction upon curcuma paper. All of the gelatine cultures emitted a very offensive odor.

†The author feels it necessary to qualify, somewhat, his statements relating to plate method of separating bacteria, for not only has the work of Barbacci (*Cent. f. Allgem. Path. u. path. Anat.*, October, 1893) and others, directed suspicion upon the adequacy of this method for separating widely differing species of bacteria, but the author has had some personal experiences, which he hopes to record, that have made him extremely skeptical on this point.

On potato the bacteria present a faintly visible, brownish growth on the third day, which becomes very marked when the tube containing the potato is heated.

Milk inoculated with this organism becomes coagulated into a firm clot in four or five days in the incubator.

Dunham's peptone-rosalic acid mixture assumes a bright scarlet color in three days after inoculation (production of alkalies).

In bouillon the organism shows a diffuse, evenly distributed opacity in forty-eight hours, with the production of putrefactive odors.

In the fermentation tube, these bacteria produce a small amount of gas in forty-eight hours when grown in a one per cent. glucose peptone bouillon. Compared with *Bacillus coli communis* grown under the same conditions, in the same medium, the gas production of our organism was somewhat less than half the amount produced by *B. coli*. The cloudiness resulting from the growth of these bacteria in the fermentation tube extended into both the open and closed branches of the tube during the early days of cultivation. Ultimately the multiplication of bacteria ceased and the cloud subsided into a thick whitish mass occupying the connecting tube of the apparatus. These peculiarities of growth at once stamp our organism a *facultative anaerobe*.†

On blood serum the culture grows as a grayish layer along the needle stroke in twenty-four hours at the incubator temperature. In three days the serum has liquefied with the evolution of a stinking odor.

The indol reaction, obtained by the method of Kitasato, was very marked in cultures of these bacteria in peptone solution. As compared with the indol production of *B. coli communis*, the reaction appeared earlier and was of much greater intensity.

Morphology.—As has been previously remarked, the size and shape of this organism were inconstant. The most constant form was a bacillus a little longer than *B. coli communis*, and about one-half as thick. The length of the bacilli varied from that of the

† See Theobald Smith ("The Fermentation Tube With Special Reference to Anaerobiosis and Gas Production Among Bacteria, Wilder Quarter Century Book") for a very interesting and scientific discussion of this valuable method of bacteriological study.

average form to rods two or three times its length. Occasionally, considerable threads were observed in the preparations. In some preparations the bacilli were distinctly thicker, approximating more closely the shape of the colon bacillus. In preparations from gelatine cultures in which the masses of bacilli were little disturbed, the characteristic "swarms" of this group of bacteria were present.

The bacilli did not stain well with the ordinary aqueous or aniline-water solutions. Among the ordinary solutions, hot carbol-fuchsin gave the best results, though even in this medium the stain varied greatly in preparations made from different cultures of the same age. Uniformly good preparations from recent cultures were only obtained by the use of the potassic permanganate mordant, followed by aniline-water gentian violet.|| The bacilli were not stained by Gram's method.

In hanging-drops the bacilli showed active motility, although, in a given preparation, only a portion of the bacilli would display activity. The kind of motility varied almost as widely as the form of the bacilli. In the bacilli of average length the most constant motion was a curious "end over end" revolution, accompanied with a rapid progression. The velocity of these revolutions was frequently so great as to render it impossible to analyze the movement. The longer bacilli moved in straight lines with considerable rapidity. The thread-like bacteria moved very leisurely, with a slow, serpentine motion.

Pathogenesis.—A large male rabbit was the subject for these experiments. At the first inoculation six 3 m. m. loopfuls of an old gelatine culture were mixed with 1 c. c. of sterile bouillon and injected into the abdominal cavity of the rabbit, February 9, 1894. No reaction was observed at the end of three days, and 0.3 c. c. of a

||As the result of a number of experiments, the writer is prepared to recommend the use of the potassic permanganate mordant for staining resistant bacteria. The method was devised by Henneguy as a cytological stain (see Lee, *Microtommists Vade Mecum*, Third Edition, p. 70). Fixed cover-glass preparations of bacteria may be treated for a few minutes with a one per cent. aqueous solution of potassic permanganate, washed in water, and then stained as usual with aniline-water gentian violet, either with or without heat. Other solutions of the different nuclear aniline dyes may be employed, but the Koch-Ehrlich gentian violet has been found to give uniformly good results. By this method the writer has succeeded in making uniformly well-stained preparations of such organisms as *B. typhi abdominalis*, *B. cholerae Asiaticæ*, and other bacteria that are ordinarily resistant to the usual stains when employed without a mordant.

twenty-four hours' bouillon culture of the bacillus were then injected into the abdominal cavity, the seat of the puncture being a little to the right of the median line. In three days a circumscribed subcutaneous swelling and induration appeared at the site of the injection. This subcutaneous swelling and induration gradually increased during the following days, and the rabbit died February 24th, twelve days after the second injection. The surroundings and care of the animal were not good, and these factors undoubtedly hastened death.

The autopsy revealed the swelling and intense induration under the skin, already noted, extending from the injection puncture over the abdominal wall in an area 8 c. m. by 10 c. m. in extent. The affected area felt very stiff, hard, and nodular. On section of the skin the induration was found to be due to an extensive subcutaneous exudate, nodular in appearance, of a whitish color, and of a firm consistency. The exudate lies between the skin and the underlying muscles, adherent to, but not penetrating, either structure. On cutting one of the nodules, it was found to be composed of a white, semi-solid substance, resembling closely the cheesy material that exudes from the cut surface of a tubercular lymph gland. There was no marked odor to the exudate.

The abdominal cavity revealed no extensive lesions. The peritoneum was slightly congested. At the point where the needle had entered the peritoneal cavity, a portion of the omentum and of the transverse colon were secured to the parietal peritoneum by slight adhesions. The small intestines contained a little fluid, and were covered with air bubbles as they were lifted from the abdomen. The omentum and portions of the intestines showed a few flakes of exudate, which, when brought upon the finger-nail, looked like pus. The liver seemed more friable than normal. Kidneys, spleen and pancreas apparently normal, as were also the heart and lungs.

Tubes of gelatine and agar were inoculated from the subcutaneous exudate; and, by means of a Prudden swab, material from the peritoneal cavity was obtained and inoculated upon agar and blood-serum. A couple of tubes were inoculated from the substance of the liver.

Smear preparations from the subcutaneous exudate, stained with aqueous methylene-blue, exhibited a few bacilli of various sizes.

Sections of the exudate, fixed in absolute alcohol, and stained by the Biondi-Ehrlich re-agent, exhibited an almost homogeneous red granular substance, with here and there the remnants of green-stained nuclei. This extensive destruction of the leucocytes and tissue elements, in so short a time, speaks very forcibly for the intensely poisonous character of the products of the bacterial growth.

All of the media inoculated from the subcutaneous exudate, and from the peritoneal swab, showed cultures in twenty-four to forty-eight hours. The tubes inoculated from the liver substance remained sterile.

A subsequent study of the cultures obtained at the autopsy revealed a bacillus that resembled in all essential particulars the organism already described.

CONCLUSION.

From the foregoing studies it is evident that, so far as our present bacteriological methods enable us to ascertain, we had, in the pus from this case of appendicitis, a pure culture of a single species of bacteria—a *facultative anaerobic, liquefying, motile bacillus*, that, in its morphological and biological characters belonged to the *Proteus* group of bacilli. Whether this bacillus *alone* was responsible for the comparatively extensive pathological conditions exhibited by the patient, cannot, of course, be definitely decided in the present state of our knowledge of the etiology of appendicitis. From the inoculation experiments, however, it is clear that this bacillus, which is so rarely found outside of a saprophytic existence, can, in event of suitable changes in its environment, assume highly parasitic and pathogenic characters.

CLINICAL FRAGMENTS.

BY MARCUS ROSENWASSER, M. D., CLEVELAND, OHIO.

CASE IX.—RUPTURED TUBAL PREGNANCY.—FREE HEMORRHAGE.—
OPERATION.—RECOVERY.

Early May 17, '94, Dr. T. A. Weed requested me to see with him Mrs. T., whose condition alarmed him not a little. Twenty-six years of age, she had been married about six years, was the mother of an only boy five years old, and had not been pregnant since. She had always enjoyed good health, had menstruated regu-

larly and for the last time on March 22nd. Failing to "come round" April 19th, she thought herself pregnant, but continued to feel well and to attend to her usual household work until Sunday, May 13th. At 2 P. M. she was suddenly seized with a hard, steady pain, feeling as though her ovaries were being pulled out, the same feeling extending to the bowels and the rectum, and lasting four or five hours. She gradually grew easier, but had a second attack at three o'clock the following morning, more severe than the first. A slight "flow" set in and she continued to improve until two o'clock Thursday morning, when she was for the third time seized with a spell as at first. Her attendant had regarded her case as one of ovarian inflammation with some bowel obstruction, as the bowels had refused to respond to laxatives since the attack on Sunday. There had been no fever. This morning her markedly changed appearance and condition caused him to suspect some grave lesion. Her face was pale, pinched; the mucous membranes were blanched; the abdomen was distended, universally tender to pressure. The cervix uteri was soft; a soft, not distinctly defined mass could be felt in the left pelvis, but slightly tender; pulse 112. I diagnosed ruptured tubal pregnancy with free hemorrhage, and advised immediate operation.

Operation at 10:30 A. M. under chloroform. Immediately on opening the abdomen, fluid blood welled up out of the incision. The left enlarged tube and ovary were rapidly brought up and ligated. About a quart of liquid blood and a pint of clots were washed out by flushing. The diseased appendage was cut off. Near the uterine end it was enlarged to the size of a walnut and ruptured in two places. The mass in the tube contained a distinct cavity, but no fœtus. It was a tubal mole. The right appendage was normal and was not disturbed. The patient made an uneventful recovery, was about in three weeks and continues in excellent health.

CASE X.—RUPTURED TUBAL PREGNANCY.—CIRCUMSCRIBED
HEMORRHAGE.—OPERATION.—RECOVERY.

On March 21, '94, I was asked to come to the City Hospital prepared to open a pelvic abscess. Mrs. Mary B., aged 40, married to two husbands in ten years; had never been pregnant. Her health

had been good and her periods regular until December last, when she missed, as also in January. Her appetite during this time was unusually good. Her dresses becoming too tight on account of the enlargement of her breasts, she considered herself pregnant. On January 31st, returning from a "washing," she was suddenly seized with "cramps in the stomach," accompanied with syncope, sweating and vomiting. Some days later a repetition of these symptoms. February 5th she menstruated, and has been "flowing" irregularly since. She had been losing flesh and suffering with rectal tenesmus. There had been some fever (99° to 100.5°) when first admitted, but she had none when examined by me. She had a pinched, pale face, wiry pulse, a tumor in the left and middle hypogastrium reaching within three inches of the umbilicus. The cervix was crowded to the extreme right of the pelvis. A boggy mass bulged into the vagina, being part of the tumor felt above. I diagnosed tubal pregnancy with circumscribed hemorrhage (so-called pelvic hematocele), and ordered absolute rest. By May 9th the tumor had shrunk to the size of a fist; the uterus could be distinctly outlined to the right, and the vaginal mass was also much diminished. The tumor now remained stationary until May 26th, when pain again set in and an increase in the vaginal bulge was observed. I considered this non-absorption and slight increase in size an indication for

Operation, June 2nd. Chloroform was used. A four-inch incision exposed the firm wall of the tumor, which was split, penetrating two inches of placental tissue. A macerated foetus of three months' growth was removed from the gestation sac. The latter was then completely enucleated, and the abdomen flushed and closed with drainage. Recovery uneventful; patient discharged from hospital July 4th.

CASE XI.—RUPTURED TUBAL PREGNANCY.—CIRCUMSCRIBED
HEMORRHAGE.—OPERATION.—RECOVERY.

On June 6, '94, Dr. S. M. Shryock, of Hillyard, Pa., brought to the Hospital for Women and Children, Mrs. H., aged 27, married six years and mother of two children, the youngest four years old. About two weeks after having missed a period (now seven

weeks ago), this patient was suddenly taken with a "bad pain spell" in the lower abdomen, of a bearing down character. The attack subsided after a few hours, to recur aggravated by sharp, shooting pains, so that opiates were resorted to for relief. For two weeks previously she had felt oppressed, not well, and thought she might be pregnant. She remained in bed a few days, felt better and began flowing, which has continued since (six weeks). She has now had six such attacks of pain as above described, having them even while quiet in bed. Her attendant was inclined to believe the symptoms due to fibroid or malignant tumor. The patient is of strong frame, with pronounced anæmia. A tense, apparently bi-cornuated tumor fills the pelvis and thoroughly stretches the cul-de-sac; the upper boundary is near the umbilicus. The cervix is pushed forward, the fundus cannot be outlined. I diagnosed ruptured tubal pregnancy with circumscribed hemorrhage. On account of the recurrence of the hemorrhage, operation was advised.

Operation, June 7th. Chloroform was used. The tumor filling the left side of the pelvis contained liquid blood and was separated by false membrane from the clots found beneath. The sac was so intimately adherent to intestines and neighboring viscera that the enucleation was difficult and incomplete. The cavity remaining was therefore packed with iodoform gauze. About two pounds of clots were removed, but no fœtus was found. The parts removed were a much enlarged tube and false membrane with placental tissue. Recovery uneventful. Patient returned home July 9th.

CASE XII.—RUPTURED TUBAL PREGNANCY.—CIRCUMSCRIBED
HEMORRHAGE.—OPERATION.—DEATH FROM SEPSIS.

On July 3, '94, Drs. C. Gentsch and C. B. Humiston requested me to see with them Mrs. Mary D., aged twenty-nine, married twelve years, mother of four children, youngest one year old, still nursing. She had been in good health and had menstruated regularly until February 18th; then she missed until May 10th. In the interval she had felt a vague pain in the rectum, with difficulty in rising after sitting down. For two days (May 10th and 11th) menstruation was painless; on the third she had an attack of intense pain, lasting a few minutes. The vague pains in the rectum and

the difficulty in rising continued until June 7th, when she again menstruated, but not as usual ; it was scant, with occasional clots. On the 11th the pains had become so intense that Dr. Gentsch regarded them as peritonitic. Following this attack a pelvic tumor developed to the left and behind the uterus, very tender to touch or displace. This tumor gradually diminished and the tenderness grew less until the night of June 28th, when the patient (while in bed) had a third sudden attack of pain, as if "the pelvis and rectum were being pulled out," as if "something would burst," attended by collapse and increase of tumor. I found the patient a fleshy, heavy woman with marked anæmia and empty, compressible pulse, growing worse since June 30th. There was a tumor filling the pelvis and reaching within two inches of the umbilicus, more full in the left side, and pouching the vaginal vault. I confirmed the suspicions of my colleagues as to the diagnosis of ruptured tubal pregnancy, and advised immediate operation for recurrent hemorrhage.

Operation at 2 P. M. Hypodermics of strychnine had been given previously. Dr. C. B. Humiston kindly assisted. Chloroform was used. Abdominal wall three inches thick. Intestines universally adherent. After tedious separation, the mass was broken into, and a quart of blood clots and a three months' ovum containing a blighted foetus (two to three weeks' growth) were removed. It was not possible to remove the entire sac. It was therefore packed with iodoform gauze, as in the previous case, and glass drain also placed. The patient died septic after sixty hours. Autopsy not permitted.

REMARKS.

To repeat what has been already extensively discussed elsewhere on the subject of extra-uterine pregnancy would unnecessarily prolong this paper. My apology for the publication of these cases is that the practitioner is not yet fully conscious of their frequency and of the importance of their early recognition. A careful study of the menstrual history and of the sequence of symptoms, and of the uniformity of the salient features in all instances, will convince the student that the diagnosis is based on sufficient pathological data, can be made as readily and is as reliable as that of most other well-known diseases.

THE TREATMENT OF VULVO-VAGINAL CYSTS, WITH REPORT OF AN UNUSUAL CASE.*

BY A. F. HOUSE, M. D., CLEVELAND, OHIO.

Surgeon to St. Clair Hospital; Consulting Surgeon to the German Hospital.

In speaking of the treatment of cysts of the glands of Bartholin, I do not propose to enter into a discussion of their etiology or pathology. Hugier proposed to call them the vulvo-vaginal glands; they have also been called Duverney's, or Cowper's glands. They are of the size of a small bean, and are situated deeply on the internal aspect of the labium majus, where they can be felt in a thin patient. The excretory duct is about one-half to three-quarters of an inch in length, and opens in front of the hymen or its remains, near the middle of the side of the vulva, and will admit a small probe. Most vulvar cysts originate from the vulvo-vaginal glands, or from their excretory ducts, and are true retention cysts. They occur much more frequently upon the left side, and clinically should be divided into two distinct types—superficial and deep. Cysts of the duct which I would term the superficial are usually very small, not larger than a walnut or a small hen's egg, and situated at the base of the labium minus, which it stretches, and projecting into vagina is apparently placed directly beneath the mucous membrane, which in some cases glides freely over it. The opening of the duct frequently remains pervious, and a small probe may be introduced, or on pressure a small amount of viscid fluid may be forced out. It is quite likely that the alteration in the consistency of the excretion which takes place in these cases, performs the double role of obstructing and contracting the duct, thus producing the cyst. In cases where the gland itself is the seat of the cyst, which I prefer to call the deep cyst, the tumor is usually much larger and is situated behind the labium majus, between the entrance of the vagina and the ascending ramus of the ischium, thereby elevating both labia of the corresponding side. Its form is usually ovoid and its surface smooth, and is seldom transparent. The tumor is usually unilateral and on the left side, elongated in the axis of the labium majus, whose posterior portion it occupies, nearer the mucous than

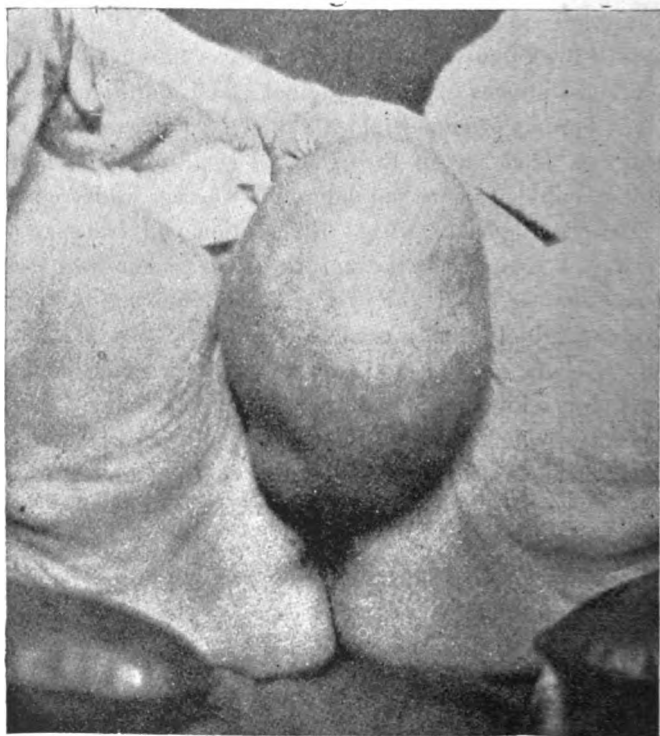
*Read before the Cleveland Medical Society, March, 1894.

the cutaneous surface. Its contents are of a viscid character and sometimes colorless, though frequently of a chocolate or muddy color, due to extravasation of blood. These cysts may be single or multilocular, that is, formed at the expense of the whole gland or one of its lobules. They grow very slowly and at first cause no inconvenience, but later grow large enough to cause discomfort and pain during coitus and also interfere with walking or sitting. They sometimes become inflamed and suppurate, but usually there has been external violence if such be the case.

Cysts of the vulvo-vaginal glands may be confounded with hydrocele, hernia, abscess of vulvo-vaginal gland, hernia of the ovary, and even fibroma after partial softening. To differentiate a vulvo-vaginal cyst from any of these morbid conditions, we should first exclude reducible tumors and determine whether we have a solid or a fluid swelling to deal with. Fluctuation and transparency are not sufficient to indicate the nature of the tumor to a certainty. Hydrocele in the female, or cyst of the labium majus, apart from the vulvo-vaginal gland, occupies the upper part of the labium majus. Hernia may be distinguished by drawing down the tumor as much as possible and palpating at the external ring. If there is absence of a pedicle, and no sign of a connection at this point between the abdominal contents and the tumor, and the impulse on coughing at the ring but not in the tumor, the case is not one of hernia (intestinal).

Hernia of the ovary is usually arrested at the level of the ring. The gland preserves its form and sensibility, and pressure upon the anterior surface of the fundus of the uterus will cause retraction of the tumor. After having excluded these various conditions which might stand in the light of a diagnosis, we may arrive at a correct interpretation of the state of affairs by taking into consideration its slow growth, its situation and lack of sensibility, and last, but not least, tapping with a hypodermic needle—a means which we are fully justified in using. In the treatment of these tumors several methods have been devised. Simple evacuation of the contents affords only temporary relief, for the cyst wall remaining unchanged the tumor re-forms. The use of the seton has been advised, in order to set up inflammation and obliteration of the cyst wall. The

cyst has also been freely opened and the cyst wall cauterized with iodine, nitrate of silver, chloride of zinc, and with thermo-cautery. Incision and packing of the cavity with iodoform gauze is one of the later methods employed. As to the merits of these several methods, I can speak of but two—excision, and partial excision and packing with gauze. Great care must be taken in cutting the tissues over the cyst to avoid opening it, and after the first incision



the removal of the tumor should be accomplished with the handle of the scalpel. If complete removal of the cyst prove difficult or impossible, a part of its wall may be excised, and the remaining cavity packed with iodoform gauze.

CASE.

On June 15, 1893, was consulted at my office by Mrs. G., who stated that she had a "soft tumor," and wished my advice in the

case. Her age was fifty-eight years; native of Germany; first menstruated at fifteen; married at nineteen; first labor in twenty-second year; had given birth to ten children. She first noticed an enlargement of the left labia in her twenty-sixth year, which did not increase in size until after cessation of her catamenia, which took place in her forty-fifth year. Just after that, she said, it grew to the size of a small tea-cup, and remained so for a number of years, when it again began to grow, until it had reached the enormous size of seventeen and one-half inches in circumference in its long axis and fifteen and one-half inches in its short axis. The tumor at its attachment measured sixteen inches in circumference, extending from the upper margin of the os pubis to the anus. Its main support was from the ascending ramus of the ischium. An incision was made from the upper margin of the os pubis, down about two inches, then extending down on either side of the tumor to the anus, thus encircling the tumor. The lateral flaps were then dissected up, and the entire cyst wall, including the labia major-minora and clitoris, were removed by knife and scissors. The parts were extremely vascular, requiring the ligation of a large number of vessels. Its contents were of a thin muddy appearance.

The wound was united by carbolized silk sutures, and dressed with iodoform gauze. On the seventh day the sutures were removed, the wound in its upper three-fourths being entirely united. She was discharged from the hospital on the fourteenth day.

In looking over my work in cysts of vulvo-vaginal glands, I find that in a number of my cases I have made a partial excision of cyst wall and packed with gauze. The results were favorable, but the healing process a long and tedious one, and is not to be recommended. In those cases where the radical method was used, that is, complete excision of cyst wall and lips of wound united by suture, I experienced no trouble and the results were in every way perfect and satisfactory.

LONDON AND LONDONERS—CONTINUED.

BY S. W. KELLEY, M. D.

Professor of Diseases of Children in the Medical Department of the
University of Wooster, Cleveland, Ohio, etc., etc.

“They unto whom we shall appear tedious, are in nowise injured by us, because it is in their own hands to spare that labor which they are not willing to endure.”—*Hooker*.

LONDON AS A MEDICAL CENTRE.

Probably there is no city upon the face of the globe of more interest to the medical traveller than is London. It is so rich in relics of the history of one of the most remarkable of nations, and besides contains in its numerous, and in some instances incomparable, museums and galleries so many specimens of all that is wonderful and beautiful in the whole world, that upon every hand one finds abundance of food for thought and unfailing variety of entertainment. The medical visitor there will find ample scope not only to increase his professional knowledge, but to widen his views of men and things, and employ every available moment with some useful acquisition to his mental stores. In strictly professional lines I may define my impressions of the great metropolis as a centre for study about as follows: For the purpose of the post-graduate medical student a centre for study should possess points of excellence somewhat as follows: First, an abundance of clinical material. Second, able and enthusiastic teachers. Third, conveniently situated schools, hospitals or laboratories, so that they can be reached without loss of time. Fourth, a systematic arrangement of hours and dates that will allow different courses to be pursued and places visited consecutively and conveniently without loss of time. In the first requisite point London cannot be excelled. The metropolis of the world, and with a mixed population, an immense proportion of which is dependent upon the clinics and hospitals, an amount and variety of material is presented that is profuse and inexhaustible. In every department in which the enterprising and studious doctor may care to advance his knowledge, he will find cases for study in abundance.

Under point number two I wish to be understood as leaving notable exceptions. What I am about to aver applies to the general

average of the whole city. It has long been complained that the teaching in London might be improved ; that it seems the work is done while the student looks on and gathers what he can. This I must frankly say is the impression one receives, though I think the most fault lies rather with the assistants than with the professors. In very numerous instances one could mention where if the professor comes you get a good lecture or demonstration, but if he fails to put in an appearance, the time is lost, the assistant giving you nothing. Probably custom does not allow him the liberty to do so. Some have excused themselves in this way. This is wrong from the point of view of the student. We know that in Germany or in the United States such is not the case. The assistant is often quite as able a teacher as his official superior. Besides, the occasional work trains him, so that when he comes to the principal position he is a practiced teacher.

Upon the third and fourth points London is at a decided disadvantage. Built up as it was by the union of disconnected towns and villages to its present enormous size, its hospitals and schools are widely separated, and unfortunately the "conservatism" of which so many Englishmen boast has failed to provide what seems to Americans a tolerably rapid means of transit from one part of the city to another. A most aggravating loss of time is sustained, not to mention the large amount of physical fatigue and discomfort in travelling about in omnibuses or the more disagreeable if somewhat speedier underground railway. Add to this the fact that the hours are so arranged that many things are going on at the same day and hour, so that to see one is to miss another ; and also that there is no adequate telephone service that one can inquire what is going to be done at any certain place without himself going there, perhaps travelling miles to find that a certain operation has been postponed, or professor has failed to appear and sent no substitute ; and it is readily seen how serious is the loss of time and the inconvenience of study in London. I should probably add to my notation of requisite points that the language used at the medical center be one that is familiar to the student. This important point is so perfectly obvious that it should "go without saying," yet I am satisfied that it is often entirely disregarded, and that many men go

to Germany and some to France to study medicine who fail to catch the meaning of a very large part of what is said in their presence. Unless a man is quite familiar with a language he should allow himself some months for its study before expecting to get full benefit of what he hears. Those who speak only English will do much better to go to England, Scotland or Ireland to study than to Germany, as the present fashion is, unless, indeed, they allow ample time and opportunity for the acquisition of the language. I really believe that the time is not far distant, if indeed it is not already with us, when the American practitioner, ambitious to improve himself or to perfect himself in certain branches, need not go out of his own country to find all that he can desire or make use of in the way of material, teachers, laboratories and all aids and accessories. Americans have for years past, with their usual enterprise, been ransacking the world, and have acquired, in one way or another, all the desirable points, so that it requires now nothing more than a change of a fashion which has no longer a necessary excuse for its existence, to retain an immense number of American students and a goodly pile of U. S. dollars within our own boundaries.

EVELINA HOSPITAL.

As to the advantages of London for the study of pediatrics, I have in a previous letter alluded to the Hospital for Sick Children (Great Ormond street), the Eastern (Shadwell) and the Northeastern (Hackney Road), besides which remain to be mentioned the Evelina (Southwark Bridge Road) and the Victoria (Chelsea). The Evelina has been in operation since 1869, and now has sixty-six beds and treats between eight hundred and nine hundred cases yearly, besides from fifty to one hundred out-patients a day. It is best known to Americans through references of Dr. Goodhart, in his text-book familiar to us all. Dr. Goodhart now seldom visits Evelina, and devotes himself more to obstetrics and diseases of women. The physician most active there at present is Dr. Tirard, and the surgeon, Mr. Eve. There is no school connected with Evelina.

VICTORIA HOSPITAL.

This charity is located at Chelsea (a part of London) and has more than a hundred beds, including its convalescent branch. It

is excellently equipped and managed. There is no school connected with it, but the stranger is welcomed by the members of the staff, and the cases exhibited and every courtesy extended. As a matter of fact, one often finds the house-staffs and assistants of hospitals not connected with schools more obliging to the visitor and really more useful than some which are supposed to be prepared and conducted for teaching purposes. One of the surgeons connected with Victoria, and probably best known to Americans, is Mr. T. Pickering Pick.

DISEASES OF THE ENDS OF THE LONG BONES IN CHILDREN.

On the 18th, 20th and 22nd of June a series of three lectures with the foregoing title was delivered by Mr. Pick at the Royal College of Surgeons. The speaker is a man of rotund figure and strong countenance, well along in middle life. His well-marked features and his waving white hair, worn quite long, give him a distinguished appearance. His style of address might be described as very positive, not to say dogmatical.

He objected to the names "Acute Epiphysitis" and "Acute Epiphysial Necrosis" as confusing, and as misleading because the disease does not always nor oftenest arise in the epiphysis, but in the growing tissue-at the end of the diaphysis. He reviewed the microscopic anatomy and the physiology of the ends of the long bones, pointing out that the greatest functional activity is in the growing tissue at the end of the diaphysis, and the next greatest activity at the centre of ossification in the epiphysis, this latter situation being (therefore) second in point of frequency as the seat of origin of disease. However, disease may easily extend from either or any point of origin by continuity.

The disease is met with in the acute, subacute and chronic forms. The acute occurs for the most part in infants under one year, and very often under six months of age. He is not willing to believe the disease pyæmic in its nature, but rather related to acute diffuse osteomyelitis and periostitis, which are undoubtedly infective in their nature, and by many believed to be due to a specific virus, though a slight blow or strain may render the injured tissue vulnerable, and so determine the point of invasion. The course which

pus takes is ordinarily quite different if the case is an infant in the first year of life, from what it would be in an older child. In the infant, pus is apt to track from the point of beginning about the epiphysial line through the epiphysis into the joint; while in an older child, the epiphysis being more firmly ossified, less resistance is found toward the periosteum and then beneath the periosteum, or through it around the joint. In those cases in which the epiphysial cartilage is within the capsule, the pus thus breaks into the joint. The treatment is free incision and drainage.

The subacute form is generally in older children, and perhaps it is subacute because the children are older and the joint not so easily invaded. Chronic cases seem very like tuberculous cases, though it is possible that a chronic case may not be tuberculous.

The tuberculous process also is generally preceded by injury. Even in morbus coxæ the mischief begins in the ossifying structures in the neighborhood of the joint in the great majority of cases. But many cases beginning thus do not invade the joint at all. The treatment is similar in all these conditions. In the early stages fixation and perfect rest. If pus has formed, evacuation and drainage. He then gave a graphic account of syphilitic disease in the ends of the long bones, and of the effects of scurvy-rickets in these anatomical parts. Each class of cases was illustrated by numerous cases and prepared specimens.

MR. VICTOR HORSLEY.

Perhaps there is no surgeon now in London better known at home and abroad than Mr. Victor Horsley, by reason of his original and bold explorations into the dangerous fields of brain and spinal surgery. Mr. Horsley is a rather spare, sinewy man of light complexion, with very prominent features and deep-set gray eyes, shaded with heavy, straight brows. He wears a large mustache. He works rapidly and talks when he gets through. He is, I judge, naturally aggressive and uncompromising to the bitter end. This characteristic has probably enabled him to maintain his position and take care of his opinions and practices where a timid man would have yielded, if indeed he had ever dared to entrench himself at all. Mr. Horsley's fights with the anti-vivisectionists are another

evidence of this trait, which, however useful, sometimes leads those who possess it to be inconsiderate of their friendships and alienate many who would better be kept as friends. Mr. Horsley is by nature a pioneer and a champion, and cares little for the guidance of beaten paths nor for advice or censure.

MR. HOWARD MARSH.

Mr. Marsh is known to our readers for his writings on diseases of the joints, and his opinions on this and kindred topics are much respected by his colleagues at St. Bartholomew's, where he does most of his work. In personal appearance, and even in voice and manner, he very strongly reminded me of our esteemed friend, Dr. T. Clark Miller, of Massillon.

DR. STEPHAN MACKENZIE

Is one of the best-known men at London Hospital. He is general consultant in practice, though he pays most attention to skin diseases. It is said that he "is going in for a good share of Sir Andrew Clark's practice since Sir Andrew is gone." He is a blonde, below the medium height and dresses with great nicety. His eyes are blue, small, sharp and shifting. He alights from his carriage late and hurriedly rushes through the corridor and tears up-stairs to his wards with a troop of students clattering at his heels; arrives breathless, but goes to talking as soon as he can catch breath, and pins the clinical clerk down on every little point. He is acquainted with every phase of his subject and very accurate and painstaking as a teacher. In one of his talks at the bedside he made some remarks which I cannot forbear alluding to briefly and endorsing as one of my own favorite notions. He insisted that more attention be paid to the study of the pulse by the touch, averring that the majority of the physicians of our day were unable to distinguish and interpret the characters of the pulse with any approach to the skill of generations gone by; that the introduction of instruments of precision, more especially the clinical thermometer, had led to neglect of a very important and useful measure. He finds repeatedly that the house physician takes the temperature, or more often deputizes the nurse to do so, while neither he nor the nurse makes any examination of the pulse, or at most only note the number of beats per minute and care or know nothing of its other characters.

DR. BILTON POLLARD.

Dr. Pollard is one of the younger surgeons on the University College Hospital staff, though in years he is probably way along in the thirties. He is connected and doing a great deal of work also at the Northeastern Hospital for Children. He will probably one day prove the truth of Disraeli's precept that "The way to succeed is to be prepared for the opportunity when it comes." Dr. Pollard is a short, strong man with a large head, brown eyes and hair, and a full beard trimmed short and pointed at the chin. It will be remembered by those interested in this line that jointly with Mr. Barker, Dr. Pollard once published a strong paper advocating immediate closing without drainage after excision of the hip-joint. This plan, he tells me, he has with extended experience found applicable in a more limited number of cases, it being sometimes impossible to control all oozing and render the wound sufficiently dry; but even in these cases he generally removes the drainage after the first twenty-four hours.

MR. WATSON CHEYNE.

This gentleman is to be found at King's College Hospital, and attendance on his clinics is sure to give one something worth seeing and thinking about. Mr. Cheyne is of medium size, of the ruddy blonde type, with large blue eyes. He handles the knife with the greatest skill, keeps the chloroformist and all assistants on the *qui vive*, and gets through more work in less time than is fashionable in this part of the world. He is fond of new ideas, especially Mr. Cheyne's. Before removing inguinal glands or making the radical cure for hernia or varicocele, or the like, he always takes a stitch through the integument of the penis and then of the thigh and ties the unruly member over out of the way. What seems a more useful maneuver is that in dressing most any wound he will apply outside of the gauze two or three sponges, then a pad, and then a bandage of elastic webbing, with the idea of making elastic pressure upon the wounded parts and absorption of discharges. This is something like the plan of Mr. Furneux Jordan, though if I remember rightly that gentleman applied the sponges next to the wound and kept them constantly moist by an antiseptic lotion.

MR. DAVIES-COLLEY.

With a few lines concerning this gentleman I shall close for the present my little sketch-book of Londoners. Not but that there are many more well worthy, not merely of a brief mention, but of an extended biography from a better pen than mine. The visitor to London should endeavor to meet Mr. Davies-Colley. He will like him—most everybody does, and find him friendly and helpful. Everybody does. Notwithstanding all the cliques and factions into which the London profession is divided—and I believe there are as many as there are in Cleveland for instance—Mr. Colley seems to have friends everywhere and enemies nowhere. He is a large man, with a large square head getting bald, the kindest mild blue eyes, and a pleasant word for all. His main field of labor is at Guy's, and he'll make a stranger feel more at home there in seven weeks than would be possible at some London hospitals in seven years. His contributions to medical literature have been numerous, the latest being an ingenious operation for cleft palate by superimposed flaps, a description of which I may present our readers at some future time.

CORRESPONDENCE.

LETTER FROM SCOTLAND.

EXTRACT FROM A PRIVATE LETTER FROM PROF. B. B. BRASHEAR.

EDINBURGH, August 16, 1894.

The steamship "State of California" sailed from New York, Friday noon, August 3rd, and landed at her dock in Glasgow, Sunday midnight, August 12th. The voyage was pleasant and uneventful, except that the first night out the weather was scorching hot. There was but little seasickness—no very distressing cases. As for myself, I was proof against the oft-times dreaded *nausea nautica*. During the passage, we had but one day of sunshine, all other days being foggy, misty, or rainy. Off the banks of Newfoundland, which are over three hundred miles in length, the fog was continuous and heavy. No icebergs interrupted our progress. At one place the temperature of the water was 78°, while that of the air was 74°. The water was tested every two hours off the banks. If a low temperature had been recorded at any point, it would have

indicated the proximity of an iceberg. Leaving the ship at eight o'clock, I proceeded to a hotel, where I wrote and mailed my letters. Then I took a cab and drove through the main business streets and residence streets of the ancient city of Glasgow, containing a population of eight hundred thousand, the second city of the empire. It is solidly and compactly built on the left bank of the Clyde. Until I came to Edinboro' I had never seen a cleaner city, not even excepting New Orleans under Gen. Butler during the slave-holders' rebellion. In the afternoon I visited the Royal Infirmary, founded four hundred and forty years ago, the Glasgow cathedral, first built in the eighth century, and the famed necropolis. I will not undertake any account of the great cathedral at this time. My visit to the infirmary was very delightful and instructive. The superintendent, Dr. Thomas, a genial and courteous gentleman of about my age, received me most cordially and conducted me through the several wards and departments of the institution. He pointed out the operating theatre in which Joseph Lister inaugurated antiseptis, or aseptis, the same in which McEwen has won renown. I saw no operations because it was past the hour for such. One ward interested me much—that for burus. Burns are isolated, like small-pox, for obvious reasons. There was a large number of cases of consumption in the medical side. This infirmary has six hundred beds. Having finished the inspection, Dr. Thomas invited me to partake of a cup of most delicious tea, after which I called a cab and was driven to my hotel in the rain.

Tuesday morning I went to Dumbarton, sixteen miles from Glasgow, to visit the castle and call upon a quondam patient of mine, whom I had advised to go back to her home in Scotland for her health. The castle was built by the Romans before the Christian era. The rock on, or, rather, in which it was built rises perpendicularly from the water's edge two hundred and sixty feet, and is one mile in circumference. The signal tower of Wallace was erected on the summit, which is reached by a series of steps three hundred and sixty in number. I made the ascent, and was caught in a rain-storm coming down. The castle is in charge of a detachment of the Royal Artillery. Returning to Glasgow, I left for Edinburgh, forty-eight miles, at 4 p. m., and arrived in the modern Athens at five o'clock. I immediately sought out the location of Wm. Blackwood & Sons, publishers, to whom I had letters. There I found a communication from my daughter, Mrs. Oakley, who is quartered on the Isle of Wight. After supper I proceeded to see the sights along High street, where stand, among other reminiscent structures, St. Giles' church and the house of John Knox, built in 1490. When night came on, I sought the free library donated to the city of Edinburgh by Andrew Carnegie, of Pittsburgh, which now consists of eighty thousand volumes and two hundred newspapers. The librarian said that the average daily number of books issued from the loan department was two thousand. It rained all the time I

was out. Wednesday morning, the rain continuing, I rode out to the wonderful bridge over the Frith of Forth, which is considered a greater engineering feat than our Brooklyn bridge. Returning, I visited the castle, the most stupendous in Scotland. I could not go out in the evening on account of the rain, so being very tired I took a warm bath and went to bed.

This morning (Thursday) I wended my way to the university, the medical school and the royal infirmary. The new medical college, known as McEwen Hall, was a donation to the university by the Hon. William McEwen, M. P., at a cost of four hundred and fifty thousand dollars. It is not yet completed. The Hon. M. P. operates an immense brewery. All along Chambers street, fronting the university and the Museum of Science and Art, the atmosphere is surcharged with the fumes of malt. The medical school is not on Chambers street. The royal infirmary, built on the pavilion plan, covers about fifteen acres, according to my estimate. The area exceeds that of the Public Square in Cleveland. By the courtesy of Dr. Thompson, assistant to Prof. Annandale, who was out of town, I was permitted to see two operations. The first was for hernia on a girl of nine years. Dr. Thompson is a bold and graceful operator, cutting with a free and certain hand. The operation was done under chloroform, the anæsthetic preferred here, administered from a folded towel. Very little blood was lost. The sac was treated by the method of McEwan, or McEwen. Dr. Thompson used short, dull-pointed needles, so blunt that they would not pierce an artery. They are curved, a right and a left, with a large eye near the point, set at right angles to a stout handle, the invention of Prof. McEwen.

The next operation was somewhat of the formidable sort. I was privileged to read the notes of the case, the caption of which was, "Tumor of the Sigmoid Flexure." Subject, woman; age, forty-one years; married, etc. Had been in the medical and the gynecological wards and sent over to the surgical side. Dr. Thompson succinctly went over the case—the differential diagnosis and the obscurity of the symptoms. His first dash with a moderately long scalpel was a deep incision six inches long over the tumor, "as large as a tumbler," in the left flank. Cutting rapidly down to the enlargement, it was found to be not in the sigmoid flexure, but in the overlying muscles. In the progress of the operation a large number of hæmostatic forceps were used. At one time the lumen into the abdomen looked like a surgical instrument maker's show-case. The deep epigastric artery was cut through twice before the tumor could be liberated from its attachments. About two inches of the colon were excised with the growth, which almost surrounded the viscus and could not be dissected off. At the end of the first hour Dr. Thompson, observing that the blood was growing darker in color, had ether substituted for the chloroform. The intestine was sutured end to end without Senn's bone plater, which was at hand,

according to Lembert. The operation lasted two hours. Near its close hypodermic injections of ether were given. It was found necessary to enlarge the external incision to eight inches.

After the operation I was shown through the different wards of the big infirmary by Dr. Turner, whom I have reason to remember gratefully. Dr. Thompson uses catgut for internal ligations and sutures, and horse-hair for the integument. I have not time now to run over the deeply interesting places and objects that I have seen in this clean city, the cleanest I have ever beheld in all my life. Everything in Edinburgh is redolent of Sir Walter Scott and Waverly. I like Scotland and the Scotch—what I have seen of them. When I see you I will make the addenda to my letter, which I am sorry to say is so desultory and replete with errors. After a visit to the great universities of Glasgow and Edinburgh, our institutions in Cleveland seem quite diminutive.

DETROIT, August 23, 1894.

Cleveland Medical Gazette, Cleveland, Ohio:

We are in receipt of the August number of your GAZETTE, containing Dr. Fosbay's communication in reference to the so-called State Medical Directory of Ohio. These are unquestionably the same men who have been practicing this plagiarism on our Register ever since it was issued. Such a fraud upon the profession should be given the widest possible publicity, and we appreciate your willingness to aid in warning physicians against being imposed upon in this way.

Yours truly,

R. L. POLK & Co.

P. S. We checked the Ohio book and directories of other states published by this same concern, with our Register, and found them to agree *verbatim* with the Register so far as they go. Of course, there are a great many omissions in them.

R. L. P. & Co.

NORTH CENTRAL OHIO MEDICAL SOCIETY.

Editors Medical Gazette:

GENTLEMEN:—The officers of the above society are making arrangements to hold their next regular meeting in Ashland, September 28th, and in conjunction therewith will have a reunion of all the Ashland County physicians, both past and present.

The former residents of the county who are expected to read papers are Drs. X. C. Scott, Cleveland, O.; W. C. Kendig, Cincinnati, O.; Jas. Frounfelter, Canton, O., and T. J. Barton, Zanesville, O.

The Hon. W. S. Kerr, of Mansfield, O., will deliver a lecture on "Legal Medicine." The discussion to be opened by Hon. Benjamin Myers, M. D., of Ashland.

Yours,

GEO. P. SATTLER, M. D.

OHIO STATE ASSOCIATION OF RAILWAY SURGEONS.

Third annual meeting to be held at the Phillips House, Dayton, Ohio, Thursday, October 11, 1894.

PROGRAM.

Call to order by the president. Reading of minutes of former meeting. Report of executive committee. Transaction of miscellaneous business. Annual address by the president. Opening of the general topic for discussion—"Shock." "Shock—Its Causes," Dr. G. A. Hollister, Toledo. "Shock—Its Signs," Dr. W. L. Buechner, Youngstown. "Shock—Its Effects," name to be announced.

Recess for lunch.

Election of officers and one member of the executive committee for one year. "Shock—Its Pathology," Dr. G. W. Crile, Cleveland. "Shock—Diagnosis," Dr. C. H. Merz, Sandusky. "Shock—Operation," Dr. R. H. Reed, Columbus. "Shock—Anæsthetics," name to be announced. "Shock—Treatment," Dr. J. M. Weaver, Dayton.

MISCELLANEOUS PAPERS.—"A Case of Spinal Injury," Dr. W. A. Ward, Conneaut. "Fixation of Fractured Bones," Dr. B. M. Ricketts, Cincinnati.

Choice of place and time of next meeting.

C. H. MERZ, Sec'y.

CUYAHOGA COUNTY MEDICAL SOCIETY.

The regular meeting of July 5th was largely occupied with a discussion of the library question. The report of the united library committee, recommending the organization of a "Cleveland Medical Library Association," was indorsed, and the plans proposed and the liberal offers made by Case Library were presented and explained by the committee.

Dr. H. H. Powell reported on "Progress in Obstetrics," including an especial mention of symphyseotomy and asepsis, as contrasted with antisepsis, in obstetrics.

Dr. A. R. Baker reported briefly on the meeting of the American Medical association in San Francisco.

At the regular meeting of August 2nd, a discussion on "The Phenomena of Inflammation" was opened by Dr. P. H. Sawyer and Dr. Himes, and continued by a number of other members present, the discussion bringing out an interesting variety of opinion on a number of topics pertaining to the subject, including the influence of bacteria, the status of tissue nutrition and the necessity of an injury of some kind as a causal condition, in inflammation.

Dr. H. C. Eyman presented a report on "Progress in Neurology," which will appear in an early number of the GAZETTE.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

THE MEDICAL COLLEGE ASSOCIATION.

The bulletin of the American Academy of Medicine says editorially, "The good work accomplished at the College association will be far-reaching in its effects. The adoption of the four years' course will substantially settle the question of medical education in the United States. The minimum of requirements in the future will be compliance with the entrance examinations and an attendance upon at least four courses of lectures of not less than six months' duration each, in separate years. The resolutions adopted regarding the admission of students to advanced standing will result in bringing order out of chaos. All students wishing advanced standing will be required to prove their fitness by undergoing an individ-

ual examination upon each branch below the class he or she may desire to enter. This will throw the entire responsibility upon the school admitting a student to advanced standing. There are now sixteen states with medical laws that fail to recognize the diploma. These states include one-half the population of the country. The result of the examinations of our alumni before the different boards of examiners will substantially decide the standing of our schools of instruction in the future. It will not be to the interest of any college to give a student advanced standing that is poorly equipped. The embarrassment of refusing to recognize the work of another school is entirely done away with. The student is recognized, not the college from which he comes. Recent statistics, based upon two thousand examinations, reveal the fact that those graduates undergoing an examination before different state boards, who have taken three courses of lectures, were very seldom rejected; while only sixty-six per cent. of the students coming from the schools of the second grade received licenses to practice. The colleges are existing and working under an entirely different environment than in former years. In former years schools seemed to thrive that were lax in their requirements. At present the student seeks the school possessing the best facilities and a curriculum of work that is most thorough. Only the poorest class of students seek the poorest class of medical colleges. The adoption of the four years' course necessitates increased laboratory facilities and systematic work in clinical instruction. It means fewer schools with larger facilities. The expulsion of a prominent college from membership in the College association was for violating the provisions of the curriculum of study. Its effect will be far-reaching."

RUBBER-TISSUE GLOVES FOR PROTECTING THE HANDS DURING OPERATIONS, ETC.

Dr. T. S. K. Morton recently called the attention of the Surgical Section of the College of Physicians of Philadelphia (*Therapeutic Gazette*) to thin rubber gloves, which have been in the market for some time and are coming into use for general surgical purposes and for handling strong solutions. "I have found these rubber-tissue

gloves extremely useful in handling offensive cases. With them it becomes a pleasure to make rectal examinations, because the skin of the hands does not become saturated with fœtor, and it is wonderful how many more examinations one makes. Also in handling strong solutions, or even in operating upon septic cases, they have an excellent field. The rubber is so very thin that it interferes very little with the tactile sense.

"As a rule they go on with great ease and come off readily. The dealer said he was not sure that they would last long in handling instruments, but thus far I have used them considerably and they are still practically in perfect order. But if they could be used only for a few times, the price, \$2.50, with forty per cent. discount to hospitals, is not excessive. I think them of great value when handling morbid growths or making post mortems, where it is possible to be inoculated. They bear steam sterilization and soaking in strong solutions of carbolic acid or bichloride."

We recently heard a physician say that he had been obliged to give up his obstetric practice and a great part of his surgical work on account of eczema of the hands, and many are troubled to some extent, in the same way, who might obviate the difficulty by the use of rubber gloves.

STRYCHNINE THE ANTIDOTE IN SNAKE BITE.

Dr. Macher, of Yarkandandale, Victoria, Australia, contributes an article to the *Therapeutic Gazette* of Aug. 15, '94, giving a complete exposition of his theory and treatment of poisonous snake bites. Briefly stated, his theory is that the poison acts on the nervous system primarily, rather than by decomposition of the blood, and that it affects the motor before the sensory cells. He recognized strychnine as the physiological antidote, and at length ventured to try it in a case in which all other remedies had failed. The result supported his theory and subsequent trials confirmed it. He recommends not to use the remedy till the effects of the poison are shown, to use it according to symptoms and carefully to watch the patient for at least twenty-four hours after apparent recovery, as snake poison acts irregularly and its effects are apt to recur hours after they had apparently ceased. The antidote is used hypodermatically. In

bad cases sixteen minims of the liquor strych. (p. b.) are injected, and if there is no visible improvement the same is repeated after fifteen minutes; injections are then continued, eight minims at a time, every fifteen minutes, until all symptoms have disappeared, or until the strychnine begins to show its physiological effects, such as muscular twitchings. In the worst cases one-fifth to one-third of a grain have been necessary, but in many cases smaller doses have been sufficient. In this country we have not the "deadly pseudedis, preudonaja hoplocephalus, etc.," but in some parts the rattlesnake and the copperhead, or red viper, are only too well known, and although deaths from their bites are not common, they are averted only by the timely use of stimulants and other measures, which are not always successful.

So far the popular method by alcoholic stimulants prevails, and has been recommended by Dr. S. Weir Mitchell, one of the greatest authorities on this subject, although it should not be used to the extent of "getting dead drunk," as one has heard advised among frontiersmen. It is also well to use the intermittent ligature, which is a tourniquet applied above the wound so as to prevent the return circulation, except as the constricting band is relaxed momentarily at intervals, so that the poison cannot enter the system all at once. In the meantime, cupping-glasses or other suction apparatus are used over the wound, which is also cleansed with equal parts of carbolic acid and alcohol. From time to time various remedies have been used, notably ammonia both internally and by injection into the veins, combinations of corrosive sublimate, bromine and potassium iodide, injections of ether, injections of fifteen per cent. solutions of potassium permanganate into tissues around the wound, as well as to the wound itself. Lauder Brunton recommended the use of strychnia hypodermatically to "sustain the respiration," while relying upon alcoholic stimulation as the main remedy, but seems not to have recognized strychnia as the physiological antidote.

The treatment by strychnia injections would also be easier of application in the domestic animals than remedies which have to be swallowed or injected in large quantity. In the animals, internal medication is a great desideratum, for the intermittent ligature is often inapplicable from the bite being about the head, or from the

animal not being found or controlled before all the poison is absorbed.

We hope the new treatment will not prove to be as fallacious as many that have been tried and lauded by their discoverers, and afterward found unsatisfactory.

WHERE SHALL THE CLEVELAND MEDICAL LIBRARY BE LOCATED?

Assuming that the desirability of one good medical library for Cleveland is unanimously admitted, the question of the location of this library next suggests itself.

A working medical library is more than a collection of books and periodicals bearing upon medical subjects. To be a live library, a collection of books and journals must be stored in a safe and capacious building which is located as near the center of the city as possible. The material must be systematically classified and always available for ready reference by busy readers. All possible facilities should be at hand for making exchanges with other libraries, for completing the files of periodicals, and for affording to readers material for all kinds of collateral scientific literary research.

This means that the library must have a suitable home and a competent custodian. A librarian with his corps of trained assistants are absolutely demanded to conduct a library of any pretensions whatever.

Now, can the Cleveland medical profession afford to erect a fire-proof building, secure the paid services of a librarian and his assistants, and then stock this building with books and periodicals to make it a medical library in all that the term implies? From our knowledge of the situation we believe we express the conviction of the majority of the local profession when we answer the above interrogation in a decided negative.

A question of this very nature confronted the Chicago medical profession a few years ago, and it was finally decided in a very happy manner. The result of this decision in Chicago was the foundation of the Medical Department of the Newberry Library, which, though only a few years old, has already attained a high place among the great medical libraries of the United States. In fact, the whole situation of the medical library question in Cleveland to-day is

remarkably similar to the situation in Chicago a few years ago. The Chicago Public Library, the Chicago Medical society, several medical journals, and a number of individual physicians, all had medical works that they held in readiness to contribute to a medical library. At this juncture, the Newberry Library, a recently established and well-endowed institution, came to the aid of the medical profession, and offered to incorporate the medical library as one of its departments. With this material as a nucleus, the medical department of the library has expanded until to-day it is housed in one of the beautiful rooms of the new library building, contiguous to the other departments, in charge of a special medical librarian and associate librarian; and, in these few years, this library has grown to be one of the most useful medical institutions in Chicago and the surrounding county—the pride of the local profession, and of the trustees of Newberry Library.

A parallel situation now exists in Cleveland, for not only does the medical profession possess a number of collections of medical works which are ready for transfer to the medical library, but an institution with a liberal endowment, with a broad and safe policy, stands ready to take to itself the Cleveland Medical Library. This institution is the Case Library. The building of this library is now being remodeled, and if prompt action be taken, the Case Library stands prepared to offer to the medical library all the advantages of a separate, fire-proof building, together with the services of a librarian highly skilled in the duties of his profession, and with all the facilities for collateral research afforded by a well-organized library, complete in other departments. In location the Case Library is unsurpassed—in this respect improving on the Newberry Library, which, with its unfortunate location, imposes its only drawback on its more extensive use by the medical profession.

In offering these remarkable advantages to the medical fraternity of northern Ohio, the trustees and officers of the Case Library deserve the warmest approbation of every physician who has the welfare of his profession and of his fellowmen at heart, for it must be evident that the advantages will all lie with the medical profession. The Case Library proposes a delightful solution of the vexed questions of a library building, a librarian, and a host of other dif-

ficult problems that must certainly arise. Their proposition might even now be interpreted as an offer of a liberal endowment to scientific medicine and surgery, and it is scarcely likely that, with the wonted liberality which is a tradition of Case Library, the trustees of this institution would witness the degeneration and death of their newly adopted department, provided the medical profession showed a due appreciation of its advantages.

PERISCOPE.

BY A. P. OHLMACHER, M. D.

PRELIMINARY OBSERVATIONS ON SOME CHANGES CAUSED IN THE NERVOUS TISSUES BY RE-AGENTS COMMONLY EMPLOYED TO HARDEN THEM.

In this excellent paper (Journal of Morphology, Vol. IX, No. 1, 1894, pp. 122-166), Professor Henry H. Donaldson, of the University of Chicago, records an extended and systematic series of experiments upon the gross effects of the commonly employed agents for hardening nervous tissues. The work is only introductory to a very extensive study of re-agent effect in gross and microscopic nervous anatomy, and while it reveals some remarkable results, it apparently is only the beginning of a research that promises many startling revelations, not only to the neurologist, but also to histologists in general.

The results of some of the experiments speak for themselves. Thus: A sheep's hemiencephalon, removed six hours after death, and suspended in a 2½ per cent. solution of bichromate of potash, gained 17.8 per cent. in weight the first twenty-four hours, and 34.2 per cent. at the end of six days. A fresh hemiencephalon of a sheep, placed in 95 per cent. alcohol, lost 19.1 per cent. in weight the first day, and 33.9 per cent. at the end of six days. After the end of six days, and until the expiration of over six hundred days, the percentage of increase in weight in the bichromate solution and the percentage of decrease in the alcohol, varied but little. In other words, the most rapid change in weight occurs in the hardening fluids during the first six days. It was also found that a change in the volume of the brains occurred, running parallel with the change in weight.

The various factors having possible bearing upon these results are experimentally considered; as, for instance, the amount of hardening solution, the strength of the hardening solution, the effects of pressure, of temperature, of light, etc. Various other commonly employed re-agents, as zinc chloride, Müller's fluid,

Erlicki's fluid, and nitric acid solution, are employed. Of these, it is noteworthy that 2 per cent. nitric acid caused very little change in the weight of the sheep's brain.

This investigation is important, not only in its special bearings, but on account of the suggestions it contains for exhaustive, systematic, scientific work of this character in all lines of histological research in which re-agents are employed. We know too little of the effects of a host of agents whose aid we seek in our delicate histological studies.

GONOCOCCUS CULTIVATION AND EXPERIMENTAL GONORRHOEA.

In a preliminary communication, Torro (*Cent. f. Bakter. u. Parasitenkunde*, Bd. XVI, No. 1, July 2, 1894, pp. 1-5), records his studies upon the gonococcus. He has discovered that this organism, ordinarily so difficult to cultivate, can be grown with great readiness upon acid media, and that cultures upon acid media retain their vitality and their pathogenic powers to a remarkable degree.

Gonorrhœal urine is ordinarily alkaline in reaction; if, however, the pus be allowed to subside, the clear urine exhibits its normal acidity, and if such a sample of urine be transferred to the brood-oven, a nearly pure culture of the gonococcus may be obtained the following day. The streptococci and other contaminating microbes subside with the pus and grow luxuriantly in the alkaline sediment, while the gonococci reproduce in the supernatant acid urine. The addition of $\frac{1}{2}$ per cent. of powdered peptone, without neutralizing its acid, improves this urine culture fluid. In fresh, healthy, sterilized human urine, with or without the addition of peptone, a culture of the gonococcus can always be obtained.

If, to a neutral beef—flesh-water—infusion with $\frac{1}{2}$ to 1 per cent. of peptone, 10 per cent. of gelatine be added, without neutralizing its acid reaction, an excellent solid medium for the gonococcus will be obtained. A continuous white line develops along a stab culture in this gelatine in two days, at a temperature of 22 to 24 degrees C. A streak culture also develops rapidly. Plate cultures may be readily prepared with this acid gelatine. This organism does not soften or liquefy the gelatine when in pure culture.

Gonorrhœal pus is poisonous for the gonococcus, and active cultures can be prepared only from the fresh pus. From pus that had been kept for twenty-four hours, the gonococci grew as feebly on acid media as on ordinary alkaline media.

The vitality of this diplococcus decreases with age; but a culture in peptone bouillon, seventy-one days old, was still fertile when replanted.

Torro finds, as an almost constant companion of the gonococcus, a diplococcus which resembles the gonorrhœal microbe in certain particulars. It differs, however, by the variety in size and symmetry of the component halves of a diplococcus; by its growth in a more acid medium; and by the production of a yellow color in acid gelatine cultures. It is only exceptionally virulent, and is often found in other situations, especially in tuberculous sputum.

While gonococci grown on neutral or alkaline media are harmless to animals, these organisms, when grown upon acid media, are highly virulent. A particle of a plate colony, or streak culture of the gonococcus, smeared upon the glans penis of a dog, without in any way effecting a solution of continuity of the mucous membrane, produces a prompt and characteristic infection. In one or two days a drop of pus may be squeezed from the swollen meatus. Female dogs are less susceptible, though a superficial purulent inflammation may invariably be induced in their genitalia by pure cultures of this organism. In male dogs, the infection frequently extends by the urinary tract to the kidneys, and the animals develop pericarditis, metastatic purulent foci in the lungs, and die as the result of the infection. When a virulent culture is transferred to an alkaline medium, its pathogenic property at once departs.

THE QUESTION OF THE PATHOGENESIS OF THE BACILLUS PYOCYANEUS IN MAN.

Is the bacillus of green pus a pathogenic organism for the human subject? The question is one of considerable importance on account of the comparative frequency of pyocyaneus wound complications, and because a definitely positive answer has not been given. Kossel (*Zeitschr. f. Hygiene u. Infektionskrankheiten*, Bd. XVI, Heft 2, pp. 368-372), observed the *Bacillus Pyocyaneus* (variety not stated) in several cases of otitis media, and found that while it was usually harmless for adults, it was highly pathogenic in young children, especially nursing infants.

In fifty-two bacteriological examinations of the purulent exudate from the tympanic cavity of nursing infants, Kossel found the *B. Pyocyaneus* eight times, three times upon autopsy, in the blood. The cultures were very virulent for guinea-pigs. The temperature, in one of the fatal cases in an infant, sank before death, as in cholera.

This organism is not primarily harmful in superficial wounds; but as a secondary occurrence, a pyocyaneus infection is to be feared. In children, a direct infection from the ear may result in a leptomeningitis, by way of the blood-vascular system; or harmful results may result indirectly by absorption of the poisonous metabolic products of this bacillus.

Kossel's observations confirm the suspicions of other investigators, especially those of Ernst, against the pathogenesis of this bacillus; and the appearance of green pus in wounds and dressings must be accepted by the surgeon as more than a curious coincidence.

THE PATHOLOGIC CHANGES CAUSED BY CERTAIN SO-CALLED TOXALBUMINS. AN EXPERIMENTAL STUDY.

In this communication to the Philadelphia Pathological society, Dr. Simon Flexner (*Medical News*, August 4, 1894), discusses some of the most important problems of disease, and of immunity against natural and artificial toxic agents. The work represents a good

review of the various aspects of the question of artificial immunity, and records some very important experimental studies by the author which contribute a number of original and valuable facts to the subject under discussion. This is especially true of the very careful histological studies upon the tissues of animals subjected to the poisonous action of the vegetable toxalbumins, ricin and abrin; and of the study of experimentally induced cases of acute and chronic blood serum poisoning. These experiments show conclusively that the microscopical lesions produced by these poisons are remarkably extensive, and occur especially in the lymphatic glandular apparatus, the liver, spleen, and sometimes in the kidneys. The changes in the blood were profound, and the rapid destruction of the blood elements frequently lead to extensive intra-venous coagulation, thrombosis, and death. In the organs affected by the acute toxic effects of the vegetable toxalbumins, and by the introduction of foreign blood serum (serum of dog injected into veins of rabbits), numerous foci of cytoplasmic and nuclear degeneration occurred, accompanied, very frequently, by invasion of attracted leucocytes which often perished along with the fixed tissue elements. Mitotic and amitotic nuclear changes indicated a reparative tendency on the part of the cells of the affected organs. Fibrinous degenerations of a focal character were of frequent occurrence in the affected tissues. The remarkable feature of these carefully conducted studies of Flexner upon acute toxalbumin poisoning is the very extensive character of the lesions produced within such short periods of time. It is curious that these profound alterations have escaped, so largely, the attention of other investigators in this field.

As the author points out, the work upon chronic serum poisoning is very suggestive from an etiological and pathological standpoint. Here the histological alterations experimentally produced, resemble, in every particular, those of the familiar cirrhotic changes in the human liver and kidney.

NEW BOOKS.

For sale by The Book Shop, 160 Public Square, Cleveland, Ohio.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY, AND THERAPEUTICS. A Hand-book for Students and Practitioners. By Wm. Hale White, M. D., F. R. C. P., etc., Physician to and Lecturer on Materia Medica, Guy's Hospital. Revised by Reynold W. Wilcox, M. D., Professor of Clinical Medicine at the New York Post-graduate Medical School, Assistant Physician Bellevue Hospital, etc. Second American edition. P. Blakiston, Son & Co., Philadelphia, 1894.

The early appearance of a second American edition of this treatise bears sufficient testimony as to its appreciation by the profession of this country. Between the covers of the book we have briefly

but clearly stated such well-digested facts concerning the physiological and therapeutical action of remedies as are reasonably established up to the present time. The editor has thoroughly adapted it to the wants of the American student by copious notes embodying the latest revision of the pharmacopœia. The care with which Dr. Wilcox has performed his work is conspicuous on every page, and it is evident that no recent drug possessing any merit has escaped his eye. We believe, on the whole, this is the best book on materia medica and therapeutics to place in the hands of students, and the practitioner will find it a most satisfactory work for daily use.

THE PRINCIPLES AND PRACTICE OF SURGERY. By John Ashhurst, Jr., M. D. Sixth edition, enlarged and thoroughly revised, with a colored plate and six hundred and fifty-six illustrations in the text. Published by Lea Brothers & Co., Philadelphia, 1893.

The fact that a book has reached its sixth edition should speak volumes in its favor, and an examination of the work before us will soon reveal the reasons of its popularity. In the first place it is systematic and takes up and treats subjects in logical order, which makes it especially valuable to the student, because the subject thereby becomes more clearly understood and easily remembered.

Next one perceives that the author has not been contented merely with giving his own favorite notions, but has presented the views of other surgeons as well, always, however, indicating his own judgment or preference. This makes it valuable and suggestive as a reference book for the practitioner. In fact, it is surprising what an encyclopædic amount of information is condensed within its eleven hundred and sixty-six pages. In the present edition fifty pages of new matter have been added, as well as some new illustrations, including a colored plate of seven figures from original drawings by Prof. Charles B. Nancrede, who contributes the article on bacteriology. The department of diseases of the eye has been revised by Prof. George E. De Schweinitz, and that of the ear by Prof. B. Alexander. Prof. Barton C. Hirst has revised the gynecological sections. Although there are such a number of illustrations, they do not take up too much space; and although of small size, are made beautifully distinct by the fine work of draughtsman and engraver. One looks in vain for the full-page chromos and

jackknife woodcuts that help to fill up and disfigure some publications, and are especially apt to be seen in reproductions of foreign books. In short, it is about what one would expect in an up-to-date edition of a standard American text-book when brought out by these publishers.

ANOMALIES OF REFRACTION AND OF THE MUSCLES OF THE EYE. By Flavel B. Tiffany, M. D., Professor of Ophthalmology and Otology of the University Medical College of Kansas City, Mo.; Oculist and Aurist to All Saints' and German Hospitals; Oculist to the M., K. & T. R. R. Published by Hudson-Kimberly Publishing Co., Kansas City, Mo., 1894.

A profusely illustrated book of about three hundred pages, presenting a very good review of the subject of refraction, accommodation and muscular defects—undoubtedly a serviceable book for the student or practitioner of medicine interested in this subject. It is better than the numerous compends now being issued so profusely, but cannot take the place of such classical works as Donder's or Landolt's. The work is not characterized by any valuable original investigations or observations, and reference to authorities quoted is almost entirely ignored, which may be serviceable to the student but is not calculated to increase the respect of the authors quoted for Dr. Tiffany's book.

NOTES AND COMMENTS.

Dr. Hunter Robb and wife will return from abroad about October 1st. The doctor will assume his duties as professor of gynecology in the Medical Department of the Western Reserve University.

Professors Stewart and Hamann, of the Medical Department of the Western Reserve University, sailed from Liverpool, August 25th. They come direct to Cleveland.

Dr. W. F. Howard, Jr., late of Johns Hopkins University, has been elected associate professor of pathology in the Medical Department of the Western Reserve University.

Dr. C. Gentsch has been elected lecturer on principles and practice of medicine and clinical medicine in the Medical Department of the University of Wooster.

The new Cleveland General Hospital on Woodland avenue is almost completed and ready to receive patients. The amphitheatre is the most complete in the city. The opening exercises of the

Medical Department of the University of Wooster will be held in this amphitheatre, Wednesday, September 19th.

Compound Tincture of Coal-Tar.—In the *American Journal of the Medical Sciences* for April, 1894, (*Therapeutic Gazette*), Duhring writes a paper on compound tincture of coal-tar. Summing up the result of his investigations, we may conclude:

1. That the best tincture of coal-tar is made with the aid of tincture of quillaia.

2. That the strength of the tincture of quillaia should be one to four, with ninety-five per cent. alcohol.

3. That the coal-tar (one part) should be digested with the tincture of quillaia (six parts), with frequent agitation, for not less than eight days, and preferably for a longer period, and finally filtered.

4. The resultant product is a brown-black clear tincture, which, upon the addition of water, forms a cleanly yellowish emulsion, the color and certain other characteristics varying with the kind of coal-tar employed.

5. The tincture is stimulating and is prescribed usually largely diluted, with from ten to sixty parts of water, as a wash, and is useful where tar is indicated, as in certain forms of eczema, psoriasis, prurities, and other inflammatory diseases of the skin. It is often more useful when employed weak than strong.

6. This preparation, which may be designated as "compound tincture of coal-tar," takes the place of several similarly composed proprietary preparations, known as "liquor carbonis detergens," and "coal-tar saponine."

Famous Enough to be Honest.—Jinks (on the rail): "I was talking to an eminent physician in the smoker."

Mrs. Jinks: "What is his name?"

"He didn't mention it and I didn't like to ask him."

"Then why do you think he is an eminent physician?"

"I asked what was the best cure for consumption, and he said he didn't know."—*Pack*.

The Use of Proprietary or Secret Remedies by the Physician.—In a paper read before the Medical society of Guilford County, N. C., by Dr. W. P. Beall (reported by N. C. Medical Journal), occur the following sensible observations:

"If our patients find that we always give Bromidia for sleeplessness, Fellows' Hypophosphites as a tonic, Lactopeptine for indigestion, Platt's Chlorides as a disinfectant, etc., their business sense at once suggests to them to avoid in the future the middleman, *i. e.*, the doctor, and to buy these things directly from the druggist; and thus our incomes are diminished, and, what is much worse, our profession is degraded in the eyes of the public into a mere annex to the drug store, and we become blind distributors of remedies about which we know no more than the manufacturer may choose to tell

us. Indeed, this condition of affairs already begins to exist. Every one of us has had patients come to us for advice who stated that they were already using, or had tried, some one or more of these copyrighted remedies. And the makers of some of these remedies, which were formerly offered only through the medical profession, now boldly offer them, through the secular and religious press, directly to the public. I mention as examples Scott's Emulsion, Hammond's Animal Extracts, Horsford's Acid Phosphates, etc.; and as soon as we, by prescribing, have created a sufficient demand for their goods, this example will be followed by many others.

"It is manifestly impossible, however desirable it may be, for us to discard at once all of these proprietary remedies, for the list includes some we could ill spare. Some are combinations of well-known drugs in more palatable or sightly form than the ordinary druggist, with the means at his disposal, can prepare; and as long as we strive to cure our patients 'quickly, safely, and pleasantly,' we cannot neglect any means to gain that end. But while we may not be able to crush out the evil entirely, we can do much to abate it.

"I know it is very much easier for a tired doctor to write a prescription for a ready-made medicine, accepting without question the claims of its manufacturer; but such a *habit* inevitably limits the growth of our professional knowledge and tends to lower our standing in the eyes of the layman, and is therefore to be avoided.

"Let us, instead, study our official *Materia Medica* more thoroughly, and, selecting therefrom a list of drugs sufficiently large to meet the usual demands of our practice, let us master their recorded effects upon the human system, and then, by painstaking observation at the bedside, verify the record, and learn the effects and limitations of drugs; for thus only can we become discriminating practitioners.

"Let us never forget that our chief reliance in treating disease must ever be the '*Vis Medicatrix Nature*,' and we will then pay more attention to aiding her efforts by the wise use of nature's remedies—air, rest, diet, and bathing—and will place drugs in the subordinate position they should really occupy.

"Let us refuse to use or prescribe any remedy the definite formula of which is not submitted to us for our guidance; any one for which claims are made which we know must be extravagant or misleading; and any one which is offered directly to the patient by either maker or druggist.

"Adherence to these suggestions, I think, would very soon greatly lessen the evil under discussion, and in time put all these preparations where they belong—either on the official list or among the regular patent medicines—'a consummation most devoutly to be wished.'"

A discussion followed the reading of the paper, and the following resolution was carried by a majority of eleven to three:

Resolved, That the members of the Guilford County (N. C.) Med-

ical society pledge themselves to abstain rigidly from the use or endorsement of any manufactured drug or medical preparation which is offered directly for sale to the public, or any combination of drugs the definite formula of which is not submitted to our approval, and that we call upon our medical brethren throughout the country to unite in abating this growing evil which threatens our profession, both from an ethical and business point of view.

Out of His Line.—Physician: "What is your profession, sir?"

Patient (pompously): "I'm a gentleman."

Physician: "Well, you'll have to try something else; it doesn't agree with you."—*Tid-Bits.*

The dispensary of the Medical Department of the University of Wooster has been removed to the new Cleveland General Hospital. Patients will be received at the Orange street entrance. Physicians sending patients to the dispensary should note this change in location. Eye, ear, nose and throat, children and nervous cases will be treated from 8 to 9 A. M.; medical, surgical, gynecological, orthopedic, skin and venereal cases from 1 to 2 P. M.

Dr. Oliver Wendell Holmes has, it seems, been charged with drawing all the villains of his stories from the clerical and legal professions. Here is his defense, which makes the offence gracious—at least to members of his own profession: "I am afraid I shall have to square accounts by writing one more story, with a physician figuring in it. I have long been looking in vain for such a one to serve as a model. I thought I had found a very excellent villain at one time, but it turned out he was no physician at all, only a—I mean what we consider a practitioner of medicine. I will venture to propose a sentiment which, as I am not a working physician, need not include the proposer in its eulogy. The medical profession is so full of good people that its own story-tellers have to go outside of it to find their villains."

More Appropriate.—"Do you know," said the man who was going to have a tooth pulled, "I don't think 'dental parlor' is a good phrase?"

"No?"

"Drawing-room would be much better."—*Washington Star.*

The Kentucky School of Medicine.—St. Louis Clinique says the diplomas of this school will not hereafter be recognized in Illinois, Missouri, Iowa and other states requiring a high standard of medical education. There are a number of very good men in the Kentucky School of Medicine—men who cannot afford to be connected with any institution not in good standing. These men must, in the interest of medical education and in the furtherance of their own good, restore the school to good standing. If not, the school must close. American physicians cannot longer afford to allow any

medical college to exist which has not every facility for teaching modern medicine, or does not subscribe to the rules of the American College association.

Numerical Strength of the Different Schools of Medicine in the United States.—Dr. Scudder, of Cincinnati, has prepared a carefully revised list of the number of practitioners of each school of medicine in the United States. He estimates that the total number of physicians of all schools, according to a recent list issued by the Gardiner Co., of New York, is 118,453. After making allowances for duplicates and dead addresses, Polk estimates the entire number at 106,633. Of these, 72,028 are estimated as regular physicians, 9,648 homœopathic, 10,292 as eclectic, and 1,553 as physio-medical. The remaining 11,524 as unclassified, many of these probably being duplicates, dead addresses and patent medicine men.

The number of homœopathic physicians in the United States has been variously estimated at from 10,000 to 18,000. The above estimate (9,648) is not far from the right figure.

The eclectics lead them with 10,292. There are more eclectics than homœopaths in 30 states and territories out of 50. The states in which they lead very materially are Arkansas, Georgia, Indiana, Indian Territory, Kentucky, Missouri, Ohio, Oklahoma, Tennessee, Texas and West Virginia.

The number of homœopaths exceeds that of the eclectics in 19 states and territories. Their chief strength lies in the old eastern states, like Maine, Massachusetts, New Jersey, New York, Pennsylvania, Rhode Island and Vermont.

The chief strength of the physio-medical school lies in Indiana, Illinois and Ohio.

An Innuendo.—Mrs. Henpeck: "Seems to me you buy a great many trousers, Alfred. I notice you have on another new pair to-day."

Mr. Henpeck: "Well, my dear, when a man and his wife and his mother-in-law all insist on wearing the same garment, it can't last very long."—*Vogue*.

Too Many Medical Societies?—Local medical societies undoubtedly accomplish much good when they are full of life and the members take part willingly. State societies are absolutely necessary even if they hold but one meeting a year. But it is a question if the numerous congresses, national and international, which are so rapidly increasing in number and are meeting at every available place and time, really do the good that was originally intended. The scientific good resulting from such meetings is very often infinitesimal, and much of the time is taken up with excursions and general amusements. With a growing tendency towards specialism, each specialty wishes to have a representative society, but they

would do just as well with occasional meetings and with a limited number of papers. Certainly the profession would be much better repaid with a few good papers followed by intelligent discussion, than with hearing long papers burdened with tiresome historical references.—*Maryland Medical Journal*.

Mr. Ghout: "All my money cannot give me health, doctor!"

Dr. Bohns: "No, perhaps not; but it is of inestimable value, nevertheless. It gives your physician great confidence."

The American Medical College Association is annually worked up over the defects of medical education and the remedies therefor. The sea of platitudinous resolutions annually evolved now amounts to a perfect deluge. One great abuse has remained untouched and is annually increasing. The old blatant, mendacious advertiser in the newspapers rarely had a diploma from a medical school, or at best one of the Buchananistic stripe. The present race of advertisers all have, even from colleges rock-rooted in defense of the "code." The remedy for this state of things is simple, since it can only affect the future graduates, and since it already exists and has been judicially decided to be legal in English-speaking countries. The diploma is, in its essence, a contract, and is given on certain conditions. If these conditions be violated the contract becomes void. If a man be shown to have a bad moral character, this would constitute a fraud such as in law would violate the diploma. Every person receiving a diploma should receive the same subject to revocation on the ground of advertisements in the daily press. Certain British schools are granting diplomas on these conditions, and revocation on the ground of non-compliance with the conditions has been judicially decided to be valid.—*Medical Standard*.

Too Many Like Him.—"Can't you settle this bill to-day, senator?" asked the tailor of the delinquent legislator.

"No, Snip; it wouldn't be parliamentary. I've merely glanced over it, you know; and I can't pass a bill until after its third reading."

Eczema of the Hands in Surgeons.—At the twenty-third congress of German surgeons, according to a report published in the *Gazette Hebdomadaire de Medicine et de Chirurgie* for August 18th (New York Medical Journal), Dr. Lassar stated that, in his opinion, the eczema of the hands frequently seen in surgeons was produced by antiseptics, which, although they caused cutaneous alterations which were hardly appreciable, were yet sufficient to explain the particular sensibility of the skin.

This, he thought, was the reason of the frequency of relapses. As to the treatment, all that was needed to cause the eczema to disappear was to change the antiseptic often.

As a preventative, he recommended rubbing the hands, after washing them with soap, with a mixture of equal parts of vaseline, lanolin, olive-oil, and glycerine. Dr. Rotter recommended an ointment composed of from one to two parts of formol, one hundred parts each of zinc oxide and talc, and two hundred parts of vaseline.

Dr. Geo. W. Griffiths writes in the Louisville Medical Monthly: "Plaster of Paris, liniments and carbolic acid harden and roughen the hands of the surgeon. An application on going to bed of ointment composed of melted tallow, bees-wax and sweet-oil to the hands, will soften them in one night."

Artificial Testicle Introduced.—Guiteras proposes (American Medico-Surgical Bulletin, Therapeutic Gazette) an ingenious operation for the introduction of an artificial testicle. Though not increasing function, this is apparently destined to become highly popular from a cosmetic standpoint. A patient, thirty-two years of age, came to him complaining of the absence of the left testicle and a recurrent right inguinal hernia. The latter was cured by Bassini's operation, after which, at the patient's request and because the absence of the testicle was in fact his main complaint, a mass of celluloid, resembling in size and shape the normal testicle, was inserted into the tunica vaginalis of the left side. The wound required by this operation healed by first intention. The results were apparently entirely satisfactory to all concerned.

Epithelioma, Treatment with Methyl-blue.—Darier (*La Medicine Moderne*, Therapeutic Gazette) has obtained excellent results with the following dressing: First dry the ulcerated surface, then cauterize with any cautery—thermo-cautery, galvano-cautery, or, still better, chromic acid—and finally use a solution of 1 to 100 of methyl-blue, either in repeated paintings or in interstitial injections. Recovery often follows at the end of one or two months. Sbadie, from personal observation, believes that the chromic acid is unnecessary, and that the methyl-blue alone is effective. He points out that the improvement is often exceedingly slow, and months may pass without appreciable change, and this probably accounts for the fact that it has been abandoned by many practitioners.

The Hygiene, Etc., of Kissing.—Not long ago we had occasion to allude to a scare that had been promoted concerning the dangers alleged to lurk in the communion cup.

It seems now, says the N. Y. Medical Journal, that in a neighboring state a comparable perturbation has been founded on the dangers of kissing. The sanitary committee of the Orange, N. J., board of health is said to have recommended that a circular be distributed urging every one to desist, as much as possible, from kissing, as the touching of lips is likely to convey contagion. Commenting upon this, the British Medical Journal says: "That foul and deadly disease may be, and often is, propagated in this way is, of course, a

fact of which there can be no sort of doubt. Many a mother has, like the Princess Alice, caught infection from the lips of her child, dying or dead of diphtheria.

"There is every reason to believe that the existence of tuberculosis may be implanted by kissing, and the too common slobbering of children by friends of the family or by officious strangers cannot be too strongly condemned on hygienic grounds.

"It cannot, therefore, be denied that kissing is dangerous, but will sanitary committees be able to put down suicide? 'Kissing goes by favor,' we are told—is it for the future to be by favor of the county council?

"Great, no doubt, is Hygeia, but we will back human nature, with some confidence, against her."

Local Anesthesia by Injection of Cold Fluids.—Dr. Letang (Bulletin Medical No. 48, 1894, Med. and Surg. Reporter) recommends subcutaneous injection of cold fluids for the production of local anæsthesia. To reduce whatever fluid that may be used to the proper degree of cold, he advises a mixture, by weight, of eight parts of sodium sulphate and seven parts of hydrochloric acid. A test-tube containing a solution of common salt (0.5-1 per cent.) is placed in this fluid. If the temperature of the freezing mixture has sunken to 10° C., that of the salt-water will be found to be 0° C. The syringe is filled with this and the injection made, which causes neither pain nor induration at the place of injection, but a complete and long-lasting anæsthesia.

Instead of this salt solution any other may be used which will reduce the temperature to 0° C. He recommends the following as the best:

R _x	Sterile Distilled Water.	
	Pure Glycerine aa	100 o (Țiij Ți)
	Ether	2 o (gtts xxx)

This mixture is easily kept, and may be employed even to ten injections at a time of ten grams each.

It is quite sufficient for the requirements of ordinary practice. In a number of minor operations where cocaine is usually employed, in extraction of teeth, removing of ingrowing toe-nail, amputation of fingers and toes, this method gave good results. Also in the treatment of obstinate neuralgias, of the trigeminus, intercostal and sciatic nerves, the injections were successfully made into the region or the substance of the nerve.

Monument to Claude Bernard.—A statue of Claude Bernard will be unveiled with appropriate ceremonies at Lyons, France, October 26th, next. The French Congress of Internal Medicine will hold its annual session at Lyons on the same date.—*The Journal*.

Evolution Up To Date.—A western newspaper states that "water in the Osage River is so low that the catfish are developing rudimentary feet."

Opening Exercises of the Medical and Dental Departments of the Western Reserve University.—The exercises were opened in the college amphitheatre at 2:30 p. m., Wednesday, September 12th. The opening address was delivered by Dr. D. P. Allen. Remarks were made by Prof. Himes, dean of the medical department, and Prof. Ambler, dean of the dental department. President Thwing presided.

Newspaper Case Reports.—Recently, attention was directed in this journal to some flagrant reports published in the daily *Enquirer*, which seemed to have been written by a physician. We are assured by the gentleman referred to in the article that the report was written purposely to injure him by one of the newspaper staff. In this we must accept the statement he gives us without question. Every reputable physician knows that such publications are a personal injury to the individual member of the medical profession involved, and it is extremely discreditable for a newspaper to make use of its columns in this manner. Where the papers do not do the right thing in such matters there is an ample remedy in the courts.

A few years ago, Dr. Da Costa, of Philadelphia, found that someone was making notes of his lectures for publication, and, without a knowledge of the personality of the reporter, he appealed to the court for protection, and it was speedily granted.

Not very long ago there appeared every week in the Cincinnati *Enquirer* extensive reports of the operations performed, or supposed to be performed, in New York by one or two surgeons of that city, and also reports of supposed anomalous cases in Bellevue Hospital. We directed the attention of the surgeon most frequently reported, suggesting that it was to his professional interest that such reports be suspended indefinitely, and it was done.

There is no greater admirer of the daily news-press than the writer; in fact, we regard it as the greatest marvel of our day and generation. Because of this admiration we are all the more filled with sorrow and regret when we see it misused. Unfortunately, this is more frequent in its relations with medicine and medical interests than with all others.

Men and women having the natural sensitiveness of culture or refinement do not wish to see their physical ailments paraded in a daily newspaper article. So it is with the physician. He knows that the professional knowledge which he may have is common to the members of his profession, and that anything beyond this common knowledge can be only a cultivated manual dexterity, supplemented by a limited personal observation and possible investigation, which, if more than ordinary, he is bound to present through proper channels to his profession.

Some newspaper publishers seem to think they have a grievance against the regular medical profession, because its members do not

patronize their advertising columns. To which we have to say that physicians have nothing special to advertise. A carpenter or smith does not advertise his skill, nor does an attorney or engineer. As stated, their craft knowledge is not confined to their individuality. Furthermore, a physician cannot advertise or report his cases in the daily press, because of the natural repugnance of all refined and sensitive persons to having their ailments heralded to all the people. How many, or who, would like to see his or her name in print as having been cured of gonorrhea? Or what woman is there who would not at once discharge her physician if she saw a report of her miscarriage in a daily paper? John Smith may have a sore throat or fissured anus; in either case his cure is of no interest to other people. Physicians have no merchandise to sell. Their special education and personal skill is their capital and entire stock in trade. If this capital is willfully injured by a newspaper report of a professional business, there is a good remedy at law. On the other hand, if a physician departs from the accepted methods of accumulated observations and rules of conduct, and parades such deflections with a claim to a knowledge and skill which other members of the profession do not have, he may at once be set down as a boastful pretender, the definition given by Webster for the "quack" and "charlatan." There is no instance known or on record of a boastful pretender of this class having ever made a discovery that was of any value to medicine or to mankind. The exact science of chemistry unfolds everything in the *materia medica*; hence there can be no secrets of this nature. Quacks can never succeed as surgical operators because they are nearly always more or less ignorant of the knowledge that is common to regular medical practitioners, and hence they can never command a consultation or assistance. The people know this, and many, expressing themselves about such matters, say that for such purposes they want a "right doctor."

Sometimes a physician has an overweening desire to see his name in the papers in connection with cases he has treated, or professional subjects to which he has given special study and attention. Such desires are morbid, and when carried into effect do him harm in a loss of esteem by his professional brethren and by a loss of confidence on the part of intelligent people. No man cares to, or will, trust his wife, who may be suffering from a leucorrhœa, in the hands of a physician whose cases are likely to appear in the newspaper columns. So we say the physician has nothing professional to advertise.

Subjects pertaining to the sanitary welfare of a city or state—in fact, all questions having reference to state medicine—may be discussed in secular papers by members of the medical profession. These subjects pertain to the common weal of all the people, and not to the skill of a particular physician.

We question the professional propriety of physicians discussing medical and surgical subjects in literary magazines. They are out

of place, and derogatory to the professional character of the writers. Such articles always smack of a bid for business, and lower the professional tone and standing of the writers. They do no good, in that they are not intended for the instruction of those of their own guild. They are always lowering and never elevating in their tendencies, and should be condemned by professional sentiment. Such articles are boastful in their pretensions.—*Cincinnati Lancet-Clinic*.

Professional Secrecy.—We have often remarked upon the care that physicians should exercise not to expose matters confided to them by patients or ascertained by them in regard to patients in the course of their professional work. We are convinced that the sacredness of the relation between physician and patient is fully appreciated by the great mass of the medical profession, and that it is exceedingly rare for it to be violated knowingly; still, it is violated inadvertently, so to speak, far too often, chiefly by the mention of patients' names or of some circumstance by which their personality can be identified, in histories of cases furnished for publication.

Two publications here in New York since our last issue was made up have called this matter to mind anew. In one of them a distinguished New York physician has reported a case, giving the patient's first name and middle name in full and the initial letter of his surname, together with the year of his birth; and added the following: "Previous to his birth, a miscarriage and stillbirth. Mother had albuminuria every time [syphilis?]." Thereupon he received from the child's father a letter demanding an explanation and insisting upon the immediate publication of a correction. Therefore, in the *Medical Record* for August 18th, the physician says: "I courteously offer the following 'explanation' of my 'syphilis with interrogation mark in brackets,' viz.: Successive miscarriages, to a certain extent also persistent albuminuria and excessive bone proliferation resulting from the irritative nutritive process, suggest the presence of syphilis in a late form. They do not prove it, unless there be corroboration by the history or physical examination of the parents (mostly the father) or the wet-nurse. The interrogation mark means: No certainty at all; at all events justifiable doubt. The 'correction' is 'that there was no such intimation whatever in Dr. —'s report;' that the father strenuously denies syphilis, and that, therefore, the cause of the poor baby's abnormal, both physical and mental, condition is not explained." This frank acknowledgment is most creditable to the physician, who, there can be no doubt, gave the patient's name simply by inadvertence.

The other publication that we have in mind is in the shape of a letter to the editor of one of the newspapers in regard to a matter that has stirred up some public discussion, needlessly we think, as to the alleged danger of communicating infectious diseases by the

communion cup. In the course of the letter the writer says: "The last time I knelt at the communion altar of the Episcopal church there knelt at one side of me a patient whom I knew, as I was treating him at the time, to be a syphilitic." Inasmuch as this letter to the newspaper is signed with the physician's full name, we must assume that neither the clergyman who officiated at this particular celebration nor any one of the communicants can have been personally acquainted with the writer; otherwise he might be able, if he remembered the occurrence, to identify the alleged syphilitic person. To make such statements as this in a public print in the absence of such a safeguard as we presume the correspondent in this instance to have relied upon, would be an act that we are sure neither the writer of the letter in question nor any other reputable physician would knowingly commit.—*New York Medical Journal*.

The Twelfth International Medical Congress, as is now definitely announced, will be held in Moscow, in August, 1896.

Extra-Genital Syphilis.—The appearance of Dr. Bulkley's recent work on syphilis insontium appears to have stimulated research in this field throughout the world, and the reports of cases of innocent, or, rather, extra-genital infection—for the latter is by no means always innocent, while genital infection may be, as many a poor wife knows only too well—are appearing constantly in our foreign exchanges. Of course the occurrence of syphilis *sine coitu* has long been recognized by the profession, if not perhaps by the laity, but the magnitude of the danger and the infinite variety of ways by which the disease could be spread to the innocent were not so fully appreciated before the publication of Dr. Bulkley's timely treatise with the enormous list of cases appended thereto.—*Medical Record*.

The Pay of Physicians.—The incomes of professional men (says Dr. Geo. F. Shrady in a recent number of the Forum) can be discussed only in an approximate way. As the amount of money earned is considered by the public as a measure of appreciation of services rendered, there is a strong tendency to stretch the imagination in the direction of what should be rather than what actually is. Physicians form no exception to this rule. The average annual income of a physician in full practice in a large city may be stated as \$2,000, and in the smaller towns and in strictly rural districts, \$1,200. Two or three physicians in New York make over \$100,000 each year; five or six range from \$50,000 to \$60,000; fifty from \$25,000 to \$30,000; one hundred and fifty from \$10,000 to \$12,000; about three hundred from \$5,000 to \$6,000; fifteen hundred from \$2,000 to \$3,000, and the remainder from \$800 to \$1,000.

Some of the fees paid by royalty have been eminently befitting the giver and taker. The late physician to the Prince of Wales

received for four weeks' attendance at Sandringham, during the illness of his distinguished patient from typhoid fever, not only the usual title of baronet, but a fee of £10,000. Sir Morrell Mackenzie is reported to have received more than twice this amount for his treatment of the late Emperor Frederick of Germany. Dimsdale, a prominent practitioner of London in 1762, was called thence to St. Petersburg to vaccinate the Empress Catherine II., for which he received not only the equivalent of \$50,000, but an extra \$10,000 for traveling expenses, the title of baron, and a life pension of \$2,500 yearly. His Royal Highness the Nawab of Rampur, India, recently paid an English army surgeon £50,000 for a three months' occasional attendance in an ordinary attack of rheumatism. The late Sir Andrew Clark, Gladstone's physician, often charged \$1,000 for running down from London to Liverpool, and the late Sir William Gull commanded equally high rates for similar services. A Russian surgeon charged a wealthy notable of Odessa \$6,000 for opening an abscess of the hip, the time occupied being about ten minutes. And better still, while on the same visit, he took a chance shot at another patient in the shape of a similarly simple operation, for which he received nearly \$1,500 more, certainly enough extra to pay the fee of the railway porter on his homeward journey.

But in all this it is not so much the doing as the knowing how to do. When the French peasant said that there were not ten francs' worth of paint on Rosa Bonheur's "Horse Fair," he was incapable of valuing high art. "Five dollars for amputating the leg," said the surgeon, "and nine hundred and ninety-five for knowing how"—and the victim was thankful accordingly.

Dr. W. W. Keen, professor of surgery in the Jefferson Medical College, Philadelphia, will deliver an address at the next regular quarterly meeting of the Cleveland Medical society, Friday evening, September 28th. His subject will be "Brain Surgery." On Saturday morning, Dr. Keen will hold a clinic in the new amphitheatre of the Cleveland General Hospital on Woodland avenue. The usual large attendance of physicians from neighboring towns is expected.

Royal Ladies Who Smoke.—A census has been taken of the cigarette smokers among the ladies of the courts of Europe, and it has been found that the majority of them indulge more or less openly. Among them are the queens of Italy, Spain and Portugal, the Czarina, and the Empress of Austria.—*Medical Record*.

Medical Society Reports.

COUNTY MEDICAL SOCIETIES.

COUNTY.	PLACE AND TIME OF MEETING.	SECRETARY.
Adams	West Union, e. o. m.....	J. W. Bunn, West Union.
Allen	Lima, 1st Tuesday	H. C. Bennett, Lima.
Ashland	Ashland	R. C. Kinnaman, Ashland.
Ashtabula	Jefferson	W. O. Ellsworth, Austinburg.
Athens	Athens	
Auglaize	Wapakoneta.	
Belmont	St. Clairsville	A. H. Hewitson, St. Clairsville.
Brown	Georgetown	L. Markley, Georgetown.
Butler	Hamilton, 1st Wednesday	H. H. Carter, Hamilton.
Carroll	Carrollton.	
Champaign	Urbana	H. M. Pierce, Urbana.
Clark	Springfield	W. A. Smith, Springfield.
Clermont	Batavia	A. W. Ashberrn, Batavia.
Clinton	Wilmington.	
Columbiana	New Lisbon.	
Coshocton	Coshocton.	
Crawford	Bucyrus	A. M. Duncan, Bucyrus.
Cuyahoga	Cleveland, 1st Thursday..	F. K. Smith, 733 Prospect St.
Darke	Greenville.	
Defiance	Defiance.	
Delaware	Delaware.	
Erie	Sandusky, 2d Thursday..	C. E. Perkins, Sandusky.
Fairfield	Lancaster.	
Fayette	Washington C. H.	E. M. Boggess, Washington Ch.
Franklin Acad.		
Med	Columbus	J. C. Graham, Columbus.
Fulton	Wauseon.	
Gallia	Gallipolis.	
Geauga	Chardon	A. D. Warner, Burton.
Greene	Xenia	C. M. Galloway, Xenia.
Guernsey	Cambridge.	
Hamilton Acad.		
Med	Cincinnati, weekly	David DeBeck, 9th and Race St.
Hancock	Findlay, 1st Thursday....	J. P. Baker, Findlay.
Hardin	Kenton.	
Harrison	Cadiz.	
Henry	Napoleon.	
Highland	Hillsboro, April 12.....	L. Nelson, Hillsboro.
Hocking	Logan.	
Holmes	Millersburgh.	D. S. Olmstead, Millersburg.
Huron	Norwalk.	
Jackson	Jackson.	
Jefferson Eastern		
Ohio	Steubenville, April 10....	J. C. M. Floyd, Steubenville.
Knox	Mt. Vernon.	
Lake	Painesville.	
Lawrence	Ironton.	
Licking	Newark.	
Logan	Bellefontaine	W. D. Scarff, P., Bellefontaine
Lorain	Elyria.	
Lucas	Toledo.	Otto Landman, Toledo.
Madison	London.	
Mahoning	Youngstown, 2d Mon. ev'g	R. E. Whelan, Youngstown.

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ORIGINAL ARTICLES.

THE ETIOLOGY OF TYPHOID FEVER.*

BY S. P. WISE, M. D.

Member Ohio State Board of Health.

We who have engaged in the practice of medicine for the last quarter of a century, and have kept pace with the progress of the science, can boastfully say that we have lived through one of the most important epochs in its history. The great progressive changes and wonderful developments which have taken place during this period are largely the result of bacteriological research, and the practical application of the discoveries to the treatment and prevention of disease.

The suspicion that some infectious diseases were caused by micro-organisms dates back centuries ago, and when in the middle of this century it became known that fermentation was the result of the action of living organisms, the word zymotic was introduced into medical terminology, to designate endemic, epidemic and contagious diseases: There is no reason why the term zymotic should be discarded, as it is very comprehensive of the processes which characterize the life-work of micro-organisms. The analogy between the action of yeast on a solution of sugar, and the course of a fever is very striking indeed, and we know that the parallel holds good down

*Read before the Union Medical Association of Northeast Ohio at Alliance, Ohio, August 14, 1894.

to the smallest particular. Just as the yeast grows and multiplies with extraordinary rapidity, splitting up the sugar into carbonic acid and alcohol till its further progress is arrested by the alcohol which is a product of its own activity, so the bacteria multiply at the expense of the fluids of the body, form ptomaines, which, like alcohol, act as poison to the nervous system, and which, again like alcohol, bring the action of the microbe to an end.

Aside from the demonstration of microbes in infectious diseases by the microscope and by cultures, we have conclusive evidence that they must be caused by living organisms. The fixed period of the incubative stage and the duration of the illness, which varies within narrow limits in most of the infectious diseases, argue in favor of their microbic origin and lend color to the conception of the growth and death of a living organism, its death being the result of a poison secreted by itself or of starvation of the parasite from its having consumed some constituent of the body upon which it feeds. There is, therefore, no longer any doubt as to the origin of infectious diseases, and their etiology is now founded upon tangible causes instead of being abstract theory or mere speculation, as was the case not many years ago. Bacteriology has become a gigantic study; in fact, the necessary appliances, the character of the experiments and the nature of the observations make it a specialism in which few of us can expect to attain proficiency. The diversified labors of the general practitioner absorb so much of his time that he has none to spare for bacteriological research. We are, therefore, obliged to be content with the scientific observations of the specialists, and we often accept their opinions with amazement, overawed by the transcendent greatness of the discoverer and with an humble conviction of our unworthiness to judge for ourselves.

The greatest benefits that have so far accrued to humanity from bacteriological research have been manifest in the field of preventive medicine. It has brought to light some of the obscure factors concerned in the causation of infectious diseases, and has suggested the adoption of sanitary measures based upon rational principles, by means of which a vast amount of disease and human suffering has been prevented. The prolongation of life and the improved condition of the human race are everywhere manifest under the beneficent

influence of modern sanitation. While we all appreciate the infinite value of the knowledge which the bacteriologists have vouchsafed to us, and it is but just and proper that we should pay them due homage, yet there is some danger that we may be led into error if we blindly accept all the theories they promulgate. When Professors Koch, Pasteur, Eberth, Gaffky, Sternberg, etc., etc., discover a new bacillus or recognize some infallible mark of identification in one already discovered—such as a bifurcated codicil or an extra twist of the proboscis—the discovery is applauded by the entire scientific world, and that particular savant is raised a notch higher in the estimation of an admiring and enthusiastic profession. This is all well and good. We cheerfully accord to them the function and the privilege of unveiling all the mysteries connected with this interesting microscopic flora. We are anxiously looking to them for a complete knowledge of the life history of the pathogenic varieties, and expect them to show us the conditions favorable and prejudicial to their existence, and hope they will discover agents that will destroy them or neutralize the poisons they produce, or some method by which the human organism will be protected against the attacks of the parasites. When, however, the bacteriologists construct theories based alone upon laboratory observation and what they can see through the lense of the microscope, and expect us to accept their views as final authority, regardless of bedside observation to the contrary notwithstanding, then we have a right to protest, and we should not hesitate to view the question from a practical standpoint in the light of reason and every-day practical experience. The fact should be remembered that the test-tube and culture fluid and sterilizer of the laboratory are by no means equivalent to or synonymous with the barn-yard, the pig-pen and the well of the farm-house, and that there is a large array of circumstances and conditions connected with outbreaks of fever which must be taken into consideration aside from abstruse questions in biology. Again, hospital and municipal experience is quite different from the bedside experience in a rural home. The biologist is a naturalist. He studies the animals in a menagerie under artificial conditions and environments. While the practitioner of medicine, although not conversant with the animal, meets with it in its native

burrow. He learns to recognize its tracks and its most favorite haunts and becomes familiar with its methods of onslaught.

In 1880, Eberth discovered a bacillus which pathologists are disposed to accept as the veritable germ of typhoid fever. Recent research has, however, brought a rival into the field in the *bacillus coli communis*, which is admitted to be so nearly identical in its biological character as to be scarcely distinguishable from the bacillus of Eberth; in fact, if the truth is admitted, there is no practical method by which they can be told apart. Now, the *bacillus coli* naturally infects the alimentary canal of man, and also probably that of the lower animals. It is a question, therefore, whether typhoid fever has a specific germ when it is clearly demonstrated that the *bacillus coli* will produce the disease as well as the bacillus of Eberth. Again, if the healthy alimentary canal is the natural habitation of the *bacillus coli*, and it is always present in the alvine discharges of healthy persons, it must be assumed that it does not disappear during an attack of the disease, and must, therefore, appear in the discharges of typhoid patients. If both the bacillus of Eberth and the *bacillus coli* are found to be present, how can we ascertain which is responsible for the production of the disease—especially if it is impossible to differentiate one from the other? Those who are familiar with recent biological developments will have observed that in the last few years the theory of the specificity of some of the leading germs has been considerably shaken. It has been shown that the micrococcus of pneumonia is found in the healthy human saliva, and cholera has been ascribed to a number of different germs. On the other hand, Koch's cholera bacillus has been found in drinking water which was proven to be perfectly innocuous. Last year I had the pleasure of hearing Prof. Vaughan, of Michigan, in an admirable address on this subject. I noted especially that he did not pretend to isolate the typhoid germ. In his investigations of drinking water he cultivates the bacteria it contains, and if by inoculations of animals disease or death is produced, it is evident that the bacteria are of a pathogenic variety, and the water is declared to be unfit for potable purposes.

Notwithstanding the fact that the typhoid bacillus has not been clearly identified, the large majority of writers on this subject insist

that the disease is always due to a specific germ which must be present in every instance wherever a case occurs, and without its presence there can be no typhoid fever, so that every outbreak of the disease must be derived from some antecedent case, no matter how obscure or inexplicable the transmission of the specific contagion may be. Now, I admit that this is a good working theory from a sanitary point of view. It is safe and reliable because it leads to a diligent search for the source of outbreaks of the disease. There is no doubt but that the majority of cases arise from the transmission of the contagion, but I am as fully convinced that there are many instances in which there has been no such communication, and we are obliged to account for its occurrence in some other manner. For instance: A family living in the country remote from other dwellings obtained their drinking water from a surface spring situated at the foot of a bluff upon which is located the barn-yard. They had lived there for many years without being afflicted with fever of any sort, nor had there been any typhoid fever in the neighborhood as far back as the recollection of the oldest inhabitant. An unusual rain occurred, and torrents of water rushed through the barn-yard down into the spring, carrying with it large quantities of decomposing organic matter. The family drank the water soon after the rain, and the result was that in a short time they were all seized with typhoid fever. Now, whence came the Eberth bacillus? Does it not require an exceedingly vivid imagination to reconcile these facts with the theory of specific contagion? To illustrate farther: We find an entire family prostrated with a most virulent form of the disease. An investigation discloses the fact that the dwelling has no cellar underneath, and the floor is located about a foot from the surface of the earth. The surface drainage from the barn-yard had for years found its way under the house, and had there formed a cess-pool composed of dead fowls and all sorts of putrefying material. The spring from which the family obtained their drinking water is situated on the opposite side of the valley, and flows from beneath forty feet of solid rock, and there was no possible source of contamination in the vicinity. The conclusion is inevitable that the fever in this instance was caused by the effluvia emanating from the cess-pool under the house. The

foregoing are true sketches selected from a considerable number that have fallen under my own observation. There is no reasonable explanation for the occurrence of such outbreaks other than that the pathogenic germ of typhoid fever has been evolved by the bad sanitary conditions present in the locality where the disease manifests itself. That innocent varieties of bacteria may, under certain conditions and peculiar environments, acquire pathogenic properties, is consistent with the life history of micro-organisms, and the assumption commends itself to the intelligence of anyone who is interested in the etiology of isolated outbreaks of typhoid fever. It is not probable that the microscope will ever solve the problem of pathogenesis, as it may well be that the transmutation of germs does not necessarily alter their microscopic appearance, and that therefore their true character can only be ascertained by artificial culture and inoculation experiments. If we were to investigate the sources of drinking water in rural districts, we would more than likely find the large majority in a polluted condition. The people who are accustomed to the daily use of such water acquire a certain immunity from its deleterious effects; but when circumstances arise by which the contamination is brought to a state of high concentration, and the myriads of bacteria it contains meet with the conditions which favor their vital activity to a high degree, then a stage in the process of decomposition is arrived at in which the saprophytic bacterium is transformed into a true parasite. This transformation is perfectly legitimate according to the views of modern bacteriologists, only that they regard it as a very gradual process which requires a series of years for its accomplishment. For instance, Sternberg says in his latest work, "It seems probable that the pathogenic organisms which are only known to us to-day as strict parasites, were at some time in the past saprophytes which gradually became accustomed to a parasitic mode of existence, and under the changed conditions of their environments finally lost the power of living in association with other saprophytes exposed to variations of temperature, etc. The tubercle bacillus, for example, is known to us only as a parasite which has its habitat in the lungs, lymphatic glands, etc., of man and of certain of the lower animals. But we are able to cultivate it in artificial media external to the body; and

it is in accord with modern views relating to the development of species, to suppose that at some time in the past it was able to lead a saprophytic existence."

We have every reason to believe that the virulency of germs is not the only factor in the production of disease, but that the quantities ingested are also responsible in determining the results. The experiments of Dr. Watson Cheyne have proven that dosage is an important factor in the production of disease by any species of micro-organisms. He found that if he injected two hundred and twenty-five millions into an animal, it was followed by a rapidly fatal result. Forty-six millions always caused an extensive abscess at the point of injection, while less than eighteen millions seldom caused any result whatever. Sanitary literature is full of examples in which the stools of typhoid patients were thrown into privy vaults or upon the surface of the earth, and in an incredibly short time the specific bacilli found their way into some water supply, and many of those persons who drank of the water contracted the disease. There is no doubt whatever but that typhoid dejections contain the contagious principle in a most virulent form, and that they should be scrupulously guarded and thoroughly disinfected; but I do not believe that the disease is as frequently disseminated in this manner as the numerous published reports would indicate.

It is a fair estimate that sixty per cent. of the outbreaks of typhoid fever originate from drinking water; but in all such instances analysis shows that the suspected water contains an abundance of bacteria. Now, it is an established fact that when two organisms of different species grow simultaneously in the same medium, one of them gains the upper hand in the struggle for existence and the other is completely destroyed. Kraus, of Germany, conducted a series of experiments a number of years ago, as to the behavior of various disease germs and common bacteria when both were present in drinking water. He found that disease germs mixed with water from reservoirs or wells invariably disappeared from such water in a few days, having lost their ability of multiplying. The typhoid germ could not be found after six days, and those of splenic fever after three. The experiments showed conclusively that the pathogenic germs were actively antagonized

by the innocent bacteria which the water contained, that by their superior numbers they crowded them out or actually consumed them. It is interesting to know that this took place whether pure spring water or impure well-water was used in conducting the experiments. The observations of Kraus have since been corroborated by other eminent observers who experimented with reference to cess-pools and privy vaults, and found that the Eberth bacillus succumbs speedily when mixed with decomposing organic matter. Therefore, if the dejections of typhoid patients are thrown upon the earth even a few feet from a well, the bacteria which are naturally contained in the surface soil would "knock out" the bacilli before they could reach the water in the well.

There are a number of anomalous facts connected with outbreaks of typhoid fever which are difficult to explain on the theory of specific contagion. For instance, the village practitioner is called four or five miles into the country and finds one or more members of a family in the early stages of the disease. These constitute the first cases he has met with in that season, or perhaps in a number of years. In a few days he is called perhaps as far in an opposite direction and finds another family similarly afflicted. Soon he is called to treat cases in different localities quite remote from each other, so that in the course of a week or ten days he may have a score of cases of typhoid fever scattered over an area of twenty square miles. Now, there is absolutely no evidence whatever that there has been any communication between those families, either in person or by means of food or drinking water. It would therefore be rank absurdity for anyone to assert that the Eberth or any other specific bacillus had traveled from one locality to another, or that the epidemic was due to revivification of old germs which had at a given signal arisen from a dormant state and almost simultaneously attacked a dozen different families. It would seem more reasonable to conclude that each locality constitutes a separate and distinct outbreak of the disease, and that the etiological factors have been evolved by the conditions present in each individual locality.

Sewer gas is generally supposed to be a fertile source of typhoid fever, but bacteriologists are not ready to admit that it will produce the disease without the aid of the specific germ. Those agencies

which reduce the vital resisting power of the tissues, and especially exposure to emanations from putrefying material, to sewer gas, to vitiated air in the over-crowded and ill-ventilated apartments, are recognized as favorable to the development of the disease *where the specific cause is present*. Now, the assumption that the specific bacilli must be present where the disease is not engendered by foul emanations, is open to the same criticism as applies to specifically polluted water. If it is admitted that the Eberth bacillus does not survive many days in putrefying material, it is not likely that their longevity in the average sewer will exceed that period; while on the other hand, in order to reconcile the facts with the specific theory, we would be obliged to concede the perpetual life of the specific organism in the contents of sewers.

There are a certain number of outbreaks of typhoid fever which are referable to bad sanitary conditions—the effluvium from offal, garbage, etc., which are most peculiar in their onset and which cannot be explained to be the result of infection conveyed through some unsuspected channel, or connected with some previous unknown case. The first cases are obscure and ill-defined, usually attacking children. They are not sufficiently defined to be diagnosed as typhoid fever, and it is not until after the occurrence of the second series of one or more well-marked interpreting cases that the true character of the first is recognized. The most rational explanation of these outbreaks is that the germ in the first instance possesses quite feeble pathogenic properties, and that it acquires virulency by a process of evolution in its transit through the human organism. The same phenomena is observed prior to an epidemic of cholera in the prevalence of cholera before the typical disease declares its presence.

Typhoid fever is occasionally as infectious as scarlet fever, and spreads in a similar way by personal infection. We observe this fact in those instances where a case is imported into a locality previously quite free from the disease, and the infection spreads to all the inmates of the house, including the nurses and even attacking the visitors. In these cases it is impossible to say whether the infection took place through personal contact or through accidental contamination of food or drink. The latter, I am disposed to think,

is not an infrequent cause of infection, especially if we consider that the nurse is frequently also the cook and prepares the food for the rest of the family; and also the great liability of contagion being conveyed by means of spoons, drinking vessels and articles of food which have been retained for some time in the sick-room. The question whether the disease may be contracted through the atmosphere does not seem to be worthy of consideration by writers on this subject. Evidently the lack of attention to this possible mode of infection is due to the popular opinion that the disease is not contagious. It probably is not directly contagious, or but feebly so, in the vast majority of cases, but a large experience in the management of the disease will convince anyone that there are different forms of typhoid fever. The variations in the types of the disease are characterized by different grades of severity, ranging from the abortive or perambulatory cases to the most malignant forms of the disease, the latter of which are as actively contagious as scarlet fever or diphtheria. If we believe that sewer gas or foul emanations will cause the disease, then we are forced to the conclusion that aerial infection is possible, because if currents of foul air from sewers, etc., will carry the germs with them, there is no reason why they should not float in the air of the sick-room if they are liberated from clothing soiled with the discharges of the sick.

PRESENTATIONS OF THE PARIETAL BONE.*

BY FREDERICK K. SMITH, M. D., CLEVELAND, OHIO.

Presentations of the parietal bone, or, more accurately, of the parietal protuberance, derive their interest neither from any insuperable difficulty connected with their management, nor from great rarity; for they are found, on an average, probably once in several hundred cases of labor and usually terminate favorably, under proper care. The interest in the presentation lies in the fact that an apparently insignificant deviation from a normal vertex presentation is coupled with an essential difference in the obstacles to the normal progress of labor and in its management, and, further, that there is no mention of the presentation in many of the text-books.

*Read before the Cleveland Medical Society, May 25, 1894.

Some authors mention presentations of the side of the head, and perhaps include, either expressly or impliedly, parietal presentation as a variety ; but, while parietal presentation is logically a variety of presentation of the side of the head, and the mechanism of delivery is similar to that in ear presentations, there is the very important clinical distinction that, in ear presentations, the nature of the presentation, or the fact of an abnormal presentation, is diagnosed by a very cursory examination, while with a parietal presentation, unless the attendant is in the habit of acquainting himself with the exact position, so far as possible, in all cases, he is likely to be misled into the belief that he is dealing with a vertex presentation, until the unusual delay forces him to a more thorough examination and a change in his opinion.

In these cases the head presents with the parietal protuberance at or near the axis of the superior strait ; the sagittal suture, the corresponding branches of the coronal and lambdoidal sutures and the squamous suture lying, approximately, in the plane of the inlet. Vaginal examination reveals the os occupied by an area of the bony vault of the cranium, smooth, unbroken by sutures. The distinction of the parietal from other bones of the cranium is made by determining the position of the sagittal suture, above the margin of the os, terminated by the anterior fontanel at one end and the posterior at the other. The position of this suture and the relative positions of the fontanels to each other demonstrate, either independently or corroborative of the results of abdominal examination, which side of the child's head presents and the position of the occiput.

Ear presentations, on the other hand, are described as those in which an ear is found near the center of the superior strait. In ear presentations the occipito-mental diameter of the head approximates a diameter of the pelvic inlet, while in parietal presentations it is the occipito-frontal diameter which has that position. If labor begins with the parietal protuberance at the os, the tendency is for it to remain in presentation ; if, however, the lateral inclination of the head is sufficient to cause the protuberance to be caught by the tissues which obstruct the progress of the head, there will be a tendency for the inclination to increase to an extreme position in which the ear is near the center. Although these two presentations may be

considered as varieties of presentations of the side of the head, or as deviated vertex presentations, they are, nevertheless, distinct from each other and intermediate varieties are not likely to be found.

The main object of this paper is to insist on the recognition of the parietal presentation as a distinct condition, a knowledge of whose existence and peculiarities is essential to a complete understanding of the subject of abnormal labor. Clinically, the object of classifying presentations and positions is to aid in their proper treatment, and conditions which offer distinct problems in diagnosis and management are entitled to distinct positions in the classification.

We have, then, in parietal presentations, the condition already described, which is found in several varieties of position. The fact that one of the long diameters of the head, the occipito-frontal, lies in, or parallel to, the plane of the pelvic inlet, makes it very unlikely that the head should ever lie with this diameter antero-posterior, and it usually lies transversely, or at an angle somewhat inclined, either one way or the other, to the transverse diameter of the pelvis, such an inclination being, however, of little importance as regards the progress of the labor and not calling for classification as a separate position. With the two sides of the fetal head, we have two possible parietal presentations, which are, preferably designated anterior and posterior with reference to the mother's pelvis, rather than right and left with reference to the child, though both methods have been used. As the occiput may be either to the right or left in either presentation, we have two positions for each, making four possible varieties of position. When the anterior parietal presents, the sagittal suture lies opposite the promontory of the sacrum, and with the posterior parietal presenting, the suture is opposed to the pubis. In the posterior presentation, with the occiput to the left, and in the anterior presentation, with the occiput to the right, it is the left side of the head which presents, and in the other two cases, the right side.

The etiology of parietal presentations is obscure and there is probably not a uniform cause in all cases. It would correspond with that of ear presentations, as the two depend upon similar conditions, acting in different degrees. In some cases an obliquity of the axis of the uterus to that of the superior strait may be responsible for it;

in others, it is more probably due to coincident occurrence of lateral inclination of the child's head, spontaneous or otherwise, with uterine contractions which force the head into the brim of the pelvis in this position.

The mechanism in the natural progress of labor with this presentation is also like that in ear presentations, and is in doubt as to some details, because the cases are seldom allowed to continue to a termination without interference, at least where the presentation is diagnosed. It is probable that most cases would terminate favorably, if pains should continue a sufficient length of time and of sufficient severity; but, even then, termination could occur only by conversion into a more favorable presentation. This conversion probably takes place by a gradual bulging of the lower parietal bone, from the superincumbent pressure, until the accompanying depression of the sagittal region and overlapping of the parietal edges allow it to pass the obstructing promontory of the sacrum or the pubis, as the case may be; the upper parietal descends to the same level as the other, flexion occurs, the case passes into the corresponding vertex presentation and terminates as such. The change in presentation is likely to occur so slowly, however, that there is great danger of the woman's powers being exhausted before it is accomplished. For this reason, the accoucheur is called upon to interfere as soon as practicable after the presentation is discovered.

Interference may be to correct the presentation by means of the fingers, hand, or forceps; or, in extreme cases, version or embryotomy may be called for. The fingers alone will probably accomplish little, but the hand in the vagina may succeed in effecting the desired change, by pushing up and straightening the head and assisting flexion. The lever may perhaps be successfully employed in some cases. Sometimes, however, the moulding of the head will prevent retention in the new position, and restore the original presentation as soon as the hand or instrument is withdrawn. In such a case it may be possible to grasp the head with forceps and secure sufficient change in position to allow it to engage more favorably. Version is considered dangerous, especially after labor has continued a long time, on account of the possibility of rupturing the uterus where it is distended at its lower segment by the projecting shoulder.

of the fetus. Embryotomy may be considered only as a last resort.

I have encountered only two cases of this presentation, of which I have the following notes :

1. Anterior parietal presentation; occiput right. Mrs. M. C., Irish, age twenty-six, primipara. The patient was first seen at 2 a. m., when labor had been in progress about five hours and the pains were then severe. Examination showed the os slightly dilated, membranes already ruptured, the head at the superior straight, transverse, with occiput to the right, the anterior, or left parietal protuberance presenting. At 4 a. m., the os was well dilated with the aid of the finger. The head had not perceptibly advanced and a more thorough examination confirmed the diagnosis as to presentation and position. Attempts to change the presentation with the fingers during examinations proving unsuccessful, the hand was introduced, after giving chloroform, at about five o'clock, and version by the vertex accomplished without difficulty, after which the patient was allowed to recover from the anesthetic and labor progressed as in ordinary occipital presentations. The progress, however, being slow, forceps were applied about three hours later and delivery completed.

2. Anterior parietal presentation, occiput left. Mrs. H. K., Irish, age forty, ninth confinement. The patient was seen at 1:30 a. m., when she had been in labor about two and a half hours and was having pains about once in ten minutes. Examination revealed the os nearly dilated and membrane whole. The occiput was felt at the left. Shortly before three o'clock the membranes were ruptured, pains became more frequent, the head engaged, and an anterior or right parietal presentation became evident, with the occiput to the left. Labor continued for three and a half hours longer without advance of the head, when the hand was introduced, with the patient under an anesthetic, and version attempted. The head would not, however, retain its new position, on account of the moulding it had undergone in the original position. As soon as the inutility of this procedure was demonstrated, the forceps were applied and delivery accomplished without difficulty, the occiput taking a posterior position in the change of presentation. The exact method of application of the forceps was not noted, and I think the

mechanism of their action in rectifying the position was not fully perceived at the time.

As regards the progress of labor in these cases previous to interference, it is to be noted that, in the first case, severe pains continued for three hours after the patient was first seen and for some time before, with membranes ruptured, without appreciable effect on the advance of the head. In the second case, that of a woman who had already borne eight children, pains continued three hours and a half after dilatation of the os and rupture of the membranes, without advance of the head. In both cases, repeated efforts to change the presentation by the fingers alone were unavailing. I attended the second woman in her next confinement, which progressed normally and without delay, the second stage lasting about thirty minutes.

Careful examination of the works of a considerable number of obstetric writers shows but few who devote any attention to these presentations. The French writers appear to have been more particular than others in differentiating the various presentations and positions. Baudeloque wrote of presentations of the side of the head, but evidently referred to ear presentations only.

Chailly gives a very complete description of parietal presentations, but considers them as a variety of normal vertex presentations, and says that nature will almost always suffice in their management, and interference is rarely needed. In studying his teachings, however, and those of other obstetric writers of a half century ago, it is necessary to take into account the difference between their point of view and our own, as to the amount of delay and abnormality in labor which constitutes a justification, or demand, for interference.

Few of the English or American authors have anything on the subject of parietal presentations. Bedford, who edited the American edition of the work of Chailly just mentioned, did not believe that nature is always competent to overcome these malpositions and advises early interference, but appears to have had in mind presentations of the ear rather than of the parietal bone.

Hodge, in his "System of Obstetrics," mentions presentations of the parietal bone, together with those of the ear, as presentations of the side of the head, but in his treatment of the topic he, also,

describes ear presentations rather than parietal; and almost the same may be said of Penrose in his article in the "American System of Obstetrics," although he makes a more definite distinction between the two and classes them as deviations from a vertex presentation.

The only article found in the "American Journal of Obstetrics,"† bearing on this subject, is an abstract of a report by Veit, of fourteen cases of posterior parietal engagement of the fetal head, or Litzmann's obliquity, which he considers much more serious than the reverse obliquity. These cases were seen by him in one year, most of them attended from the Berlin polyclinic, and he estimates them as occurring once in many thousand cases of labor. In the fourteen cases, he lost one mother and eight children, including one which died within twenty-four hours. He did not succeed in rectifying the position in any case. It is probable, though not explicitly mentioned in the abstract, that the cases reported were seen only after labor had been in progress for a long time, which would aid in explaining the unfortunate results and the lack of success in affording assistance.

PROGRESS IN OPHTHALMOLOGY.*

BY WM. EVANS BRUNER, A. M., M. D., CLEVELAND, OHIO.

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In a short paper like this no attempt will be made to survey the whole field of ophthalmology, to mention new operations or modifications of old ones, nor recent researches in the study of the pathology of the eye, nor advances in our understanding of the etiology of these various diseased conditions; nor can mention be made of all the new therapeutic remedies or measures which are being tried, or new instruments which have been invented. There have been during the past year no great nor startling discoveries, but there has been a steady advance along lines already laid down. I will, therefore, prefer rather to say a few words chiefly concerning the present status of opinion upon several subjects of interest and importance.

†Vol. XII, p. 871.

*Read by invitation before the Cuyahoga County Medical Society, June, 1894.

A few words might be appropriate in the first place concerning refraction. With the addition to our armamentarium of various new instruments of precision, there has been a tendency among some men to think that with these instruments alone and without mydriatics, they can properly do the work which heretofore required complete mydriasis for accuracy. I refer especially to the ophthalmometer—an exceedingly useful instrument for its aid both in securing accuracy and in expediting work, one which I use with every case of refraction, but an instrument which I have learned to know has its limitations and sometimes is grievously wrong. There is one group of enthusiasts who place such reliance upon it that they have almost entirely ceased to use mydriatics. These, among whom Roosa is the most prominent, claim more for the instrument than it was ever intended for even by Javal himself. The most careful men, however, still look upon it only as an aid, and still believe in the necessity of complete paralysis of the ciliary muscle for accurate measurement of the optical error.

Retinoscopy, or skiascopy (shadow test), continues to grow in favor, and is destined to play a still more important part in all refraction work. It is simple, requires no delicate nor complex instrument which is liable to get out of order, is accurate, and what is perhaps most important of all, it is a purely objective method, and can be used as well for the little child or the illiterate person as for those more educated and more acute in observation and discrimination. It furnishes much more complete information than the ophthalmometer, as it tells not only the amount, but also the kind of astigmatism, and likewise the amount of hypermetropia or myopia, if any, associated with it. But retinoscopy is only an aid. Careful work with it in young people requires full mydriasis, and the final test is with the test-glasses and test-card.

Of comparatively recent therapeutic procedures I will mention but one—the subconjunctival injection of solutions of bichloride of mercury in certain affections of the eye. Darier urged the method in the *Archives d' Ophthalmologie*, 1891, and again reviewed the subject and reasserted his belief in this treatment in the *Annales d' Oculistique*, 1893. The early part of last year, Valude, the editor of the *Annales d' Oculistique*, sent letters upon this subject to many oph-

thalmologists throughout the world, and published the results in the August number of his journal. This method has been tried chiefly abroad, but somewhat also during the past year or two in this country. The method in brief consists in injecting with all antiseptic precautions beneath the conjunctiva a few minims of a solution of bichloride of mercury (usually 1 to 1000 or 1 to 2000), and repeating at such intervals as may be necessary, with the idea that the drug which is believed to exert an effect upon the morbid process is introduced directly into the affected organ and thus comes in contact in concentrated form with the lesion. The indications are chiefly those of local antiseptics, in acute inflammations of the cornea and iris. The diseases where it has been found especially useful are infectious ulcers of the cornea, hypopyon keratitis and corneal abscess, iritis and cyclitis, and by some it is recommended even in irido-choroiditis, and in choroiditis itself. In some forms of inflammation, as interstitial keratitis, these injections seem to have no good effect, but rather to act badly—an opinion which corresponds with a recent experience of my own. The method is certainly deserving of further trial.

Only within a few years have ophthalmologists begun to appreciate the importance of the external eye muscles in relation to asthenopia and the general health. Much time and study are now being devoted to this subject, and much has been learned; but we are only on the threshold of a correct understanding of this delicate mechanism, by means of which the small muscles act in such beautiful harmony with each other in all movements, both at a distance and in accommodation, to maintain binocular vision. Additional complexity arises from the close relationship between the extrinsic and the intrinsic eye muscles.

In the study of this subject some enthusiasts have gone so far as to think that the muscular condition (or the relative position of the eyes) is the all-important condition and is practically not influenced by the refractive state. G. L. Stevens, in his paper before the Pan-American Medical Congress last year (*Ophthalmic Record*, February, '94), states that "the correction of the refractive anomalies by glasses during an examination of this kind is not only in the vast majority of cases unnecessary but positively detrimental,

as the glasses themselves often lead to error, and their absence does not as a rule influence the muscular conditions." Very few ophthalmologists, I think I may safely say, agree with him in this belief.

The term "muscular insufficiency," now much used, is in very many cases a misnomer, as the cause of the difficulty is not in the muscle *per se*, its length nor its point of insertion, but is central and innervational. This innervational theory of muscular equilibrium was brought forward by Hansen Grut twenty or more years ago. It has been a long time gaining strong support, but it is "now, one might say, generally recognized to be the safest guide in practice" (Berry, *Ophthalmic Review*, '93).

In the treatment of these so-called insufficiencies there have been and are three methods—exercise, prisms and tenotomy. What should have been the last resort has in recent years become, in the hands of a few enthusiasts, the first step, and tenotomies, especially the so-called "graduated tenotomies," repeated *ad libitum* have become extremely popular. Muscular spasm is, in the opinion of Loring, Noyes and others, sometimes the cause of asthenopia. It is in such cases possibly that the graduated tenotomies may produce some effect by relieving the spasmodic condition; but the majority of ophthalmologists hold more and more strongly to the opinion that such procedures are not only unscientific, but are extremely uncertain and usually ineffective. Where other means fail to establish equilibrium between the eyes and tenotomy must be resorted to, it is far better to perform a complete tenotomy, and control its effect by a suture.

Prisms have been much used to correct these errors, but they are, like a crutch, to be avoided whenever possible. They do in some cases, no doubt, afford marked relief, but not rarely the relief is temporary, the error becomes as great through the prism as it was before without it; prism must be piled upon prism until finally we reach a limit and tenotomy must be resorted to.

Exercise of the muscles by prisms has been used more or less for some years on the same theory that we would endeavor to strengthen a muscle in any other part of the body by exercise. This has usually been prescribed with the idea that the difficulty existed in the muscles themselves, and weak prisms were used. More recently,

since we have begun to realize more fully that the difficulty lies in the centre of innervation and co-ordination often rather than in the muscles, we have looked for some method to "normalize innervation." Gould has suggested for this a method both practical and rational, which gives promise of being very useful and valuable, especially in one form of heterophoria. His experience shows, he writes, that "every case of exophoria is certainly and quickly curable by a rational and common method of ocular gymnastics—of a certain kind, however, mark well—and absolutely without operation." The method is too new as yet to allow of a just estimate of its full value; but certainly the experience of not a few men with it has thus far been very favorable. It is deserving of a most thorough trial.

SOME OTHER CITIES AND CITIZENS OF GREAT BRITAIN.

BY S. W. KELLEY, M. D., CLEVELAND, OHIO.

"The sure traveller, though he alight sometimes, still goeth on."—*Herbert.*

MANCHESTER.

Manchester is a city that has not been much spoken of as a medical centre; not as much as it will be probably. It is not usually considered as a very large city; yet in fact, Manchester and its environs within a half hour's journey by rail contains as large a population as London itself, and a population which, if I am able to judge, is more uniformly of a class to use the charity of hospitals and dispensaries than that of London. It is the centre of a great manufacturing and business district, a large proportion of the inhabitants being employees in the spinning and other factories and work-shops. The general air and movement of business here seems about thirty per cent. faster than that of London, though for all that horse-cars are the popular means of rapid transit. However, they do get the horses out of a jogtrot.

Owens College is a flourishing institution with about one thousand students in its various departments. Its medical department has an able faculty and no lack of material for clinical study. The

Royal Infirmary is really a general hospital of three hundred and fifty beds, always full, and has an immense out-patient service.

MR. WHITEHEAD.

At the Infirmary may be seen Mr. Walter Whitehead, known on our side of the water for the operation for hæmorrhoids, which bears his name, also for a method of removing the tongue with scissors alone. He is a quiet-mannered gentleman with a florid face, getting well along in middle life. He is very kind, a cool and patient operator, and his modesty makes one sure of finding sterling worth beneath.

MR. THORBURN.

Here one sees also Mr. William Thorburn, known for his work in spinal surgery. A new edition of his book is in preparation, I understand. Mr. Thorburn has something of the Henry Irving style of physique and physiognomy. I had the pleasure also of listening to his recent course of lectures at the Royal College of Surgeons, London, on the subject of

THE SURGERY OF THE SPINAL CORD AND ITS APPENDAGES.

His conclusions in regard to the propriety of operation after fractures and dislocations were as follows: In compound fractures, operate. In fractures of the spinous processes and laminæ, with injury to the cord, we also operate. In simple fractures and dislocations of the bodies of the vertebræ, if there is a reasonable probability that the injury is due to hæmorrhage, operation is advisable; but in all other cases of this nature we cannot hope to do good save where the injury is below the level of the first lumbar vertebra. In such cases, however, laminectomy is an eminently valuable surgical procedure.

In the paraplegia of vertebral caries he said: "Assuming the prognosis to be thus favorable, we are never called upon to perform laminectomy save under certain special conditions. It will not be argued that the recovery after laminectomy is more complete than that produced by nature, and experience shows that relapses are only too common after operation. The indications which appear to me to point to the necessity for operation are, then, as follows:

"1. A steady increase in symptoms in spite of favorable conditions and treatment, as in the first and third cases which I am about to present to you.

"2. The presence of symptoms which directly threaten life. Thus, in my second case the secondary chest troubles were very grave. Intractable cystitis would fall into this category, but it is by no means common, and we can hardly agree with those who hold that the condition is in itself incapable of spontaneous recovery.

"3. The persistence of symptoms in spite of complete rest is the indication which has been most commonly adopted, but, as we have already seen, such symptoms may persist for very long periods and then yield to absolute rest. It is, however, not improbable that, in a few cases, cicatricial pachy-meningitis or, rather, peri-pachy-meningitis, may remain after the original pressure lesion has ceased to act, and may thus keep up paraplegia until the constricting tissue is removed. To this category McEwen's cases and my third case appear to belong.

"4. In posterior caries (that is, in caries of the arches of the vertebræ) operation is clearly indicated, as here we can readily both treat the paraplegia and remove the whole of the tuberculous tissue. Two cases of this nature are recorded by Abbe and by Chipault respectively, and both proved highly successful.

"5. In my fifth case, the existence of severe pain which was rapidly exhausting the patient, was regarded as an indication for surgical interference.

"6. Lastly, children as a rule yield better results than do adults, so that, other things being equal, childhood may also be regarded as an indication for operation.

"On the other hand, there are certain definite contra-indications, such as the presence of active tuberculous changes in other organs. McEwen holds that we should not operate when there is pyrexia, which is almost tantamount to saying that we should not operate in presence of active tuberculosis. If, however, the pyrexia were clearly due to cystitis, then we might regard it as an indication for rather than against interference. Again, general meningitis (although fortunately very rare) will at times obviously be present, and will probably prove fatal whether we operate or not. To cases

of fracture following upon caries, we have already referred as unsuitable for laminectomy, and most paraplegias of sudden onset will fall into this category."

THE HOSPITAL AND DISPENSARY FOR CHILDREN AT
MANCHESTER.

The General Hospital for Sick Children is located at Pendlebury, a suburb four miles from Manchester and reached by steam railway. Under the same auspices is the Dispensary of the General Hospital for Sick Children, which is located in, or as we would say, on Gartside street, Manchester. The dispensary is merely the out-patient department and feeder for the hospital. The hospital was located outside the city for the sake of more room and more salubrious surroundings. The number of new patients admitted at the dispensary yearly is about ten thousand. The number of attendances about a thousand a week. Nearly a thousand cases annually are sent to the hospital at Pendlebury, and about three hundred from other sources, where the average number of beds occupied daily last year, for example, was one hundred and sixteen, and the total number of patients treated in hospital nearly thirteen hundred. I know of no children's hospital anywhere more admirably constructed and more advantageously located upon ample grounds. The leading pediatricists here are Dr. Ashby and Mr. Wright, who are ably seconded in their labors by Dr. Hutton and Mr. Collier. Messrs. Ashby and Wright will be remembered as the authors of a most excellent text-book on "Diseases of Children." They are both still in the prime of life, being perhaps early in the forties. Dr. Ashby is tall, of sandy complexion, fond of a hearty laugh and a yachting trip when the week's work is done. He devotes himself almost entirely to children. Mr. Wright is a spare, sinewy man of the nervous, restless, tireless kind, and very pleasant in manner. He is known as a general as well as pediatric surgeon. He attends the surgical out-patients at the Royal Infirmary and also at the Children's Dispensary, Gartside street, besides operating at the Infirmary and at Children's Hospital, Pendlebury, seeing altogether from twenty thousand to thirty thousand patients annually. Many years of practice, as well as a natural aptitude for it, have given

him the most remarkable facility in handling this class of patients that I have ever witnessed.

EDINBURGH.

"Edina! Scotia's darling seat!
All hail thy palaces and towers.
Where once beneath a monarch's feet
Sat Legislation's sov'reign pow'rs!"

I must refrain from describing the Scotch capital rendered beautiful by nature, still further beautified by art and illuminated by poetry and history, and give a brief glimpse at medical matters of this "modern Athens." Edinburgh now claims to be the greatest medical school for under-graduates in the world, not excepting London, Paris, Vienna, Berlin, nor even Cleveland. The students in the university and medical schools now number upwards of two thousand, while her history and her faculty list show a galaxy of brilliant teachers. Medical politics at Edinburgh are fearfully and wonderfully complicated, and one must be careful on which side of "the wall" he happens to be standing before he speaks. By prudent questioning from strictly neutral ground I conclude the situation to be somewhat as follows: There were formerly twelve professors (irreverently called "the twelve apostles") holding down the twelve principal chairs in the university, which was a kind of close corporation. There were also numerous able and ambitious medical gentlemen who wanted to distinguish themselves as teachers, but could not get an appointment. So these latter took to teaching private classes, and with such success that as time went on they got so many students that the old university was compelled to recognize them as qualifying teachers—whose teaching would count for a degree. These teachers are known as the "extra murals," and they are associated for the convenience of the work at various points. There is "Miuto House," and there is "Park Place," and there is "Surgeons' Hall," besides the hospitals, dispensaries, etc., for clinical instruction. Such in briefest outline appears the rivalry among the learned of this educational centre. To be able to view the whole picture with all its lights and shadows, I presume one would have to wear a gown with the hood of cloth or silk, lined with silk of correct color, and bordered with the appropriate tint or with white fur.

Among the many worthy names that will occur to the reader in connection with Edinburgh are those of Munro, Simpson, now represented by Alexander Russel Simpson, nephew of the late Sir J. Y. Simpson; those of Syme and Ferguson, Hart and Barbour, Lister, T. Grainger Stewart, Carmichael, Byrom Bramwell, Clouston, Ballantyne, Thomson, and others which I cannot at the moment enumerate.

Dr. J. W. Ballantyne has, if I guess rightly, not yet passed half of the allotted three-score years and ten, and yet has accomplished more work than many who think they have made uncommonly good use of the whole of that time. His "Introduction to the Diseases of Infancy," with its original drawings illustrating frozen sections of the infantile anatomy, came out in 1891, and was followed by "Diseases and Deformities of the Fœtus—An Attempt Toward a System of Ante-natal Pathology." In 1894 he originated and still conducts "Teratologia," a quarterly devoted to ante-natal pathology. He also lectures on diseases of infancy and childhood at Minto House, and on midwifery and diseases of women at the Medical College for Women.

Dr. John Thomson is, I believe, the only physician in Edinburgh who has had the courage to limit his practice entirely to diseases of children, and judging by his interest in this department and the opinions expressed by his colleagues he has no reason to regret his resolution. The latest that I have seen from his pen is an article on the subject of "Thyroid Feeding in Sporadic Cretinism," to which he had been devoting considerable attention.

One cannot but be pleased with the geniality and the hospitality and must admire the mental brightness of the Scotch people. It becomes perfectly obvious to any observer that your typical Scotsman is very active of brain as well as warm of heart, sagacious, or "canny," and demonstrative. One feels that he would be trusty and zealous as a friend and implacable as an enemy. It would be an interesting investigation to ascertain how much of the scientific and literary, as well as other kinds of brain-work, usually accredited in a general way to the English race, has really been derived from Scotch blood. I left the beautiful capital feeling that if I must cast in my lot and take my portion in some foreign city, I would

rather spend my days in Edinburgh than in any other city in the United Kingdom.

After a delightful trip across the Trossachs, to the Lochs and then to Glasgow, I spent some days in the charming rural districts of Ayrshire, endeavoring to forget that there were any such things in the world as hospitals, operations, patients, pathology or pediatrics. The only thing to mar the pleasure of my country rambles was the ubiquity of the national food at every board. Nineteen times out of twenty it was oatmeal cake, and the twentieth time it was oaten bread. Several times in the twenty there were oatmeal bannocks to boot. At one little village wayside inn, as I munched my oats and cheese and drank a glass or two of—milk, I wrote and left upon the table the lines which follow. If they seem a little ill-tempered, consider the aggravation; and if the English is not very good, remember that I had been spending some time in London.

“MY OATOGRAPH.”

For still the food is suited to the clime
 In which it grows.
 In the far North, the hardy Esquimaux,
 Living with bears amid eternal snows,
 Keep life's lamp burning, though but dim it glows,
 With seal oil; while the plantain and the lime
 Feed those who dwell in ever-summertime.

And best the trav'ler fares who eats like they
 Where he sojourns.
 So, while I wander in this “land o’ Burns,”
 Th’ prescription I have just now giv’n, I take,
 And fill my stomach full of oatmeal cake,—
 When with the Indians I ate deer, dog, snake.

Be this as it may be, what I now will tell
 Is truth, I vow—
 I never “felt my oats” as I do now.
 If it's the diet makes me take to rhyme,
 Thus breaking out in meter at my time,
 If it's the oats, then it may come to pass,
 A horse may write in verse—as well's an ass.

For grace—and stomachs—brethren, let us bray,
 Join in the feed and do not say me neigh.
 Ends my lay.
 S. W. K.,
 Cleveland, O.,
 U. S. A.

Whether they read it, I can't say, I paid my score that very day
 and took the train and came away.

AMPUTATION OF BREAST. INJURY OF HEAD WITH PARTIAL PARALYSIS, NINETEEN YEARS' STANDING.*

BY W. W. KEEN, M. D., PHILADELPHIA, PA.

Professor of Surgery, Jefferson Medical College.

Gentlemen:—I have the pleasure of demonstrating to you to-day the rules laid down in my lecture last evening in reference to amputation of the breast. The patient is one furnished by Dr. Parker, a woman thirty-eight years of age, who noticed a lump in the right breast first last February, so that it has run six months. It is, therefore, rather early in the history that we get this case; moreover, you will see that the breast is not widely involved, nor is the skin except at one point. It is a very good illustration of three points I have spoken of: First, that I do not place much reliance on the absence of retraction of the nipple, as we may have a serious condition without such retraction. Secondly, the glands in the right axilla are probably enlarged. By pressure they appear only faintly so, but I think we will find enlarged glands there. Besides that, we remember the old classical symptom of a lancinating pain. She has had none. Has dull, aching pain, but not lancinating.

I shall first in this case cut into the tumor, so that we can be sure that we have not to deal with an abscess. In addition I have investigated the question of bone lesions. She has had no rheumatic pains, no tenderness in the sternum or humerus. Tumor movable—a very favorable case for this purpose. I should propose that we first make an incision into the tumor. If adherent, I shall remove the fascia over the pectoral muscle, and if necessary some of the muscle, and continue into the axilla and clean it out thoroughly. Go between the two layers of the pectoral muscles for any solitary glands that may be there. Go into the space of Morenheim and remove any glands there may be. The skin is not involved to such an extent but that we should be able to approximate very well.

In regard to instruments, speaking first of hæmostatic forceps, I regard the curved forceps as much more desirable than the straight,

*Clinic held at Cleveland General Hospital, September 28, 1894, reported by Dr. W. F. Brokaw, Cleveland, Ohio.

as when applied on the curve they may be dropped without dragging upon the vessels and tissues. Another instrument which seems hardly known outside of Philadelphia, but which is very desirable, is Allis's blunt dissector.

I am always very careful in regard to having the area sterilized. In speaking of this case yesterday, I said, "I want this woman sterilized, the skin, absolutely, from the lower jaw to the waist : from the left armpit to the right armpit and well around towards the spine ; the right arm sterilized all the way to the elbow. Then we take a sterilized towel and wrap up the whole of the right arm, up to and including the elbow, and the whole of the left arm. Then if she struggles or brings the hand up, or if I wish to grasp it, it is covered with a sterilized towel, and there is no danger of contamination. Some of the hæmostatic forceps are sure to lie on the neck, and we want them on a sterilized towel. The hair of the patient and the inhaler and hands of the etherizer should be sterilized. These are all matters of a great deal of importance.

This is not a large breast. Nipple but little retracted. Armpit has some small glands.

We will now make the incision. It shows the characteristic condition, and I will not hesitate to remove the entire breast. We remove with it the pectoral fascia. The breast removed, we wash off the blood and place in nitric acid solution for five minutes, and then in methylated spirit. Along the border of the pectoral muscle we seek the vein. Using the Allis dissector, we tear through the fascia covering the vein. If cut with a knife the vessels bleed and obscure the field, but with the Allis dissector we avoid this annoyance. I have now opened up to the coracoid process. In many of the cases the intercosto-humeral nerve is involved and has to be sacrificed, and so it is in this case. In the space of Morenheim we find considerable fat and one rather enlarged gland, which we remove. The space has now been completely cleaned out, and with an incision at dependent part of axilla for drainage-tube, we complete the operation, and shall expect in this case a favorable result, the chances for non-recurrence inside of three years being from fifty to thirty per cent.

Now, gentlemen, I want to redeem myself somewhat in regard to

aggressiveness in operating, and I will show you a case furnished by Dr. Crile, by which I will demonstrate to you when *not* to operate.

This young man, aged twenty-five, was injured when six years old—nineteen years ago. Was standing in the street watching some manipulation of a flagpole. The pole broke over and the knob on the end struck him on the right side of the head. He was not rendered unconscious. Was taken home. There was a large wound of the scalp, and following that he was in bed for a year, or very nearly so. Was a very ill boy. Had a very serious injury to his head, and the parents state that there was considerable dead bone came out. It was not discovered until near the end of his illness, almost a year afterwards, when he got out of bed, that his left leg was partially paralyzed. It would seem that they would have noticed that the right leg moved freely, but that the left did not. No one apparently knew that the left leg was paretic until nearly a year afterwards. The left arm was paralyzed almost completely—partial paralysis. You will notice that the left shoulder is lower than the right. There is some paralysis of the muscles in the neck. The trapezius and sterno-cleido-mastoid muscles do not act as well on the left as on the right side. The deltoid and arm muscles are wasted. When I had him breathe yesterday there was no trouble in the chest at all. The arm is wasted; hand almost useless, blue and circulation poor. This arm is not partially paralyzed because of anything the matter with the arm, but because of the injury to the arm centre in the brain. If we had had here an injury of the arm itself that had caused this paralysis, we should have had a faulty development of the bones as well as muscles. Measured from the acromion to the end of the ulna the arms are of the same length. I saw a very severe case of burn some time ago which drew the arm up to the chest, and the hand was bound down with the web. When measured, I found there was a difference of about two and a half to three inches, whereas here there is none at all, because the injury is to the brain and affecting only muscular development. The muscles partially paralyzed, unable to be used, and from want of general nutrition are wasted.

The question of wasting of muscles from disuse and from injury, I had very well illustrated on my own person about eight years ago.

Was riding horseback and was thrown. I was stunned for an instant, but when I picked myself up I felt a distinct crepitus and found I had a fracture of the clavicle ; and I had the most exquisite pain in my right side and found I had three ribs broken. Had my arm bound up for four weeks. The arm was absolutely without any injury, and yet at the end of the four weeks I was curious to see the effect of the absolute disuse. The right biceps measured one and three-fourths inches less than the other, and all from nothing but disuse. Twenty years ago had this young man come to us we would have observed that he had an injury to the right side of the head and paralysis on the left side of the body. Thanks to the researches of many, we can explain on his head now, vastly better than we could then, why the left side is paralyzed and cold on that side, while the injury was on the other side. Can now explain why the leg has recovered. The left leg has now eighty to ninety per cent. of usefulness as compared with the right.

The motor area can be determined very readily by the method of Mr. Shehan, of Edinburgh. The fissure of Rolando begins one-half inch, on an average, back of the mid point between the glabella and inion or external occipital protuberance at an angle of 67° to 69° . Anyone with a piece of string can measure that and get the mid point, but the trouble is to get the angle of 67° . We take a piece of paper with right angles, fold it over from the corner as correctly as possible, this will make an angle of 45° ; then fold this back upon itself and we have half this angle, or $22\frac{1}{2}^{\circ}$, which added to 45 gives us $67\frac{1}{2}^{\circ}$, or almost exactly the angle we want. Now, all we have to do is to get the mid point between glabella and inion and apply the paper we have folded.

The motor area is above and back of the fissure of Rolando. Now, we know that the upper part of the pre-Rolandic and post-Rolandic are the centres for the legs; immediately below for the arm, shoulder and hand; next below for the face, and below this for the speech centre in left-handed persons, and *vice versa*. The fissure of Rolando is about three and one-fourth inches long. Now, this explains instantly that the leg centre was on the periphery of the injury, and therefore received somewhat of the injury, but nothing like the arm. The leg is a little wasted, but nothing like

the left arm. The right side of the brain has been injured in the arm centre, and in view of the injury I am rather surprised to find that the left side of the face is not partially paralyzed also. Has had no trouble in regard to speech, he says, but I think it altogether probable that he did have trouble immediately after the accident.

Now comes the question as to operation. No operation will make him better. Of course, an operation in these days has nothing like the danger of twenty years ago. This operation would be almost without danger at all unless we had to meddle with the brain, and then the danger increases according to the injury of the brain. But what good would it do this man? He has had no special headaches, and there is, therefore, probably no great irritation of the dura. No convulsions, so no irritation or pressure from any spicula of bone extending into the cortex, and must have recovered from all that is possible in the way of making trouble. The thing he needs now is gymnastics to develop the muscles, and therefore to develop somewhat the cerebral centre on the right, and possibly on the left side. Is beginning to use the left arm more. He runs an elevator and uses his left arm considerable. With his left hand he should hold a fork, scissors, a pin, or anything of the kind, to develop the muscular powers.

He has always been rather dull with his studies, and until within a year unable to divide by two. Has been industrious, and after his day's work goes to night school, taking lessons in simple arithmetic, etc. Has gone through percentage; and I believe that he can, by manual gymnastics, develop that left arm and hand very largely. I think to operate upon him would be a most beautiful illustration of the *furor-tomeo*, or *tomeo-mania*.

As to the theory of operation, I am sure you will not accuse me of being anything other than a radical in such matters. The good surgeon will be radical when radical measures are necessary. One of the best papers read before the International Medical Congress at Rome was by Dr. Jacobi, entitled "*Non Nocere*," i. e., not to do harm. In this case an operation would absolutely do him no good, but would expose his life to danger. It is quite as important to learn when to withhold the hand, or when to retreat, as when to go forward.

CLEVELAND MEDICAL GAZETTE.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

TWO DOLLARS PER ANNUM IN ADVANCE.

REMOVAL NOTICE.—Subscribers, Correspondents, Advertisers and Exchanges will please notice that the GAZETTE office has been moved from 143 to 122 Euclid Ave., Cleveland, O.

A NEW VOLUME (Vol. IX) commences with November, 1893; back numbers can be supplied.

REMITTANCE OF MONEY.—All money should be sent by P. O. Order, Postal Note or Registered Letter, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio. In no case should money be sent by check, except on New York City, or Cleveland.

Original Communications, reports of cases, and local news of general medical interest are solicited. All communications should be accompanied by the name of the writer, not necessarily for publication.

All letters and communications should be addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Changes for advertisements must reach us not later than the fifteenth day of the month, to be corrected in the current number, addressed to the CLEVELAND MEDICAL GAZETTE, No. 122 Euclid Avenue, Cleveland, Ohio.

Edited by Albert R. Baker, M. D., and Samuel W. Kelley, M. D.

EDITORIAL.

THE SWEAT-SHOPS AND SMALLPOX IN CHICAGO.

Under this title, Dr. Bayard Holmes (Jour. Am. Med. Ass'n, September 15, 1894, pp. 419-422) makes a startling exposure of the methods of the sweat-shop, and of the danger to public health from this evil institution. We must commend Dr. Holmes for his fearless attack upon the sweat-shop curse, and for the candid honesty in which he demonstrates the failure of the local health authorities to properly deal with those sweat-shop dangers that were evidently largely responsible for the dreadful spread of smallpox in Chicago during the past winter. No one who reads the official report of the factory inspector, quoted by Dr. Holmes, can deny

the dangers of the sweat-shop system from a sanitary stand-point ; nor is it difficult to understand, in the light of this report, why Chicago smallpox found its way over so large a surrounding territory. One shudders to think that his fashionable tailor-made coat may have been manufactured in the awful surroundings pictured by Miss Kelly and her assistants.

The subjects discussed by Dr. Holmes are of immediate interest to medical men everywhere. They are of especial interest to the medical profession of our large cities, and Cleveland is no exception. Fortunately, Cleveland is still exempt from many metropolitan evils, and the sweat-shop system does not prevail to the overwhelming extent which characterizes it in New York or Chicago. Still we have our sweat-shops, and we have had, from time to time during the last year, isolated cases of smallpox. We should, then, heed the lesson of Dr. Holmes's text, and prevent in Cleveland a repetition of the extensive epidemic of smallpox which last winter disgraced Chicago.

The verdict of the profession will, we believe, be favorable to Dr. Holmes, notwithstanding the fact that the health commissioner of Chicago (*loc. cit.*, p. 438) endeavors to conceal the glaring errors of his department in dealing with the late epidemic, by attacking Dr. Holmes's motives. It is indeed lamentable, as illustrated by this example, that the dearest interests of a municipality—the life and health of its citizens—should be entrusted to the care of the miserable political machinery that to-day governs our large cities. When the health department of Chicago confesses that it sits with idle hands in the presence of a threatening nuisance like the sweat-shop system—nay worse, even hampers the work of the state authorities in their efforts to eradicate this evil—the need of more “reformers” of the type of the scholarly writer of the article under review, is painfully impressed upon us.

THE NEW CLEVELAND GENERAL HOSPITAL.

The Chicago Illustrated Century gives the following excellent description of the new hospital:

The above institution is a worthy hospital addition to Cleveland and well deserves a detailed description. The building proper

comprises three stories and basement, with a frontage of fifty feet on Orange street, fifty feet on Woodland avenue, and a depth of three hundred and thirty feet. The spacious basement, with its plastered brick walls and cement floors throughout, is divided into the following apartments: Off Woodland avenue are the fruit and provision cellars, from which a dumb-waiter rises to the top of the roof; then follows a storage, a workshop, another storeroom with large refrigerator for ice storage, an electric elevator running from basement to top floor to the contagious wards, besides a stairway leading to same apartments. Adjoining is a post mortem room, pitched in the centre to a sewer; next is the dead room with one large marble slab. Off these are the boiler and steam laundry rooms. Every corner in the building is ventilated by a direct and indirect system, and every wall is connected with the outside air, made possible by means of the open courts from ground up.

The first story fronting Orange street presents the dispensary waiting-room, with two separate toilet-rooms, the dispensary (open till 10 p. m.), and the ambulance entrance, leading into the corridor of full length of building. Off this corridor are the accident room, two wards also used for clinical surgery, with linen closet, the general physician's room, a dark room for treatment of the eye, ear, throat and chest room. Then follows a general ward with ten beds, a linen closet and a shute, the nurses' room with bathroom to the right and washing room to the left; a female ward likewise arranged, an emergency ward for railroad people of the Nickel Plate, C. & P., N. Y. P. & O., Valley and C. L. & W. Next to this is the house physician's office, with library, dining-room, etc., in the old connected building facing Woodland avenue.

On the second floor are the children's ward with ten beds, four private rooms, one set of three private rooms with two beds each, and one set of three private rooms with one bed each, the bathrooms and closets being arranged like those on the first floor. A main feature is the surgery with ten beds, each one provided with a movable crane and pulley, named in memory of Dr. Frank Weed (Mrs. Dr. Weed having contributed \$1,000 towards the expense of same). Next comes an etherizing room adjoined by a private operation room, with walls being finished in adamant plaster and Keene

cement, which takes a marble finish, and a red cement floor; then a private consultation room. Facing the front of this floor is the amphitheatre with a skylight, and most practically and conveniently arranged, with a seating capacity of two hundred.

The third floor comprises three contagious wards, bathrooms, closet, and a fumigator on top of roof. Off Woodland avenue front is the nurses' dormitory with twenty beds, toilet rooms, general help room for cook and waiters, a model kitchen with a double set of H. Born ranges, and one double set of gas ranges, and adjoining a spacious pantry.

From this outline it is readily seen that the practicability, convenience and perfect arrangement of this new institution could not be improved upon. The sanitary requisites are carried out to perfection in the minutest details. All apartments are pleasant and perfectly light, the furniture apparatus of white enameled iron and imported glass. Nothing but the purest air is furnished by means of the direct and indirect ventilation. All the plumbing is constructed on the outside and according to the most improved methods, only the best appliances being adopted; all linen from the contagious wards is directly transferred to the basement through a chute, while the work of the fumigator absorbs all detrimental matter.

Though the building is not imposing on the exterior, it is well designed for its purpose, and the interior is admitted by all expert critics to be perfect in every detail. The city of Cleveland should feel congratulated upon this additional worthy institution. The architects, Messrs. Lehman & Schmidt, have again shown their practicability of design and were conscientiously assisted by the separate contractors entrusted with the various details so satisfactorily carried out by them.

The following prominent and respected citizens of Cleveland were instrumental in the establishment of this noble institution, and are deserving of high praise and credit for their energetic and benevolent endeavor. The trustees: Mr. L. Schlather (president and treasurer Schlather Brewing Co.), Dr. C. B. Parker, Mr. James Parker, Dr. H. W. Kitchen, Dr. Marcus Rosenwasser, Dr. C. F. Dutton. Board of managers: W. J. Akers, president; Mr. W. H. Walworth, secretary and treasurer; Mrs. Dr. Parker, Mrs. Dr.

Hobson, Mrs. Chas. Weed, Mrs. Payne, Mrs. Dr. Lewis, Mr. Ed. Moore, Rev. M. J. Gries, Mr. M. J. Mandelbaum, Mrs. F. A. Arter, Mrs. T. M. Irvine, Mr. M. C. Hickman, Mrs. J. B. Cory, Mrs. G. H. Foster, Mrs. H. J. Caldwell, Mrs. A. R. Timmins, Miss Leisy, Miss Handerson, Mrs. Kerruish, Mrs. A. Wiener, Mr. W. M. Day, Mr. D. Kimberly, Mr. Thomas Graham, Mr. G. McIntosh, Mr. G. W. Morgan, Mr. Hill, and Mr. E. C. Pope.

This hospital is under the immediate control of the faculty of the Medical Department of the University of Wooster, and forms the clinical school of this institution. Within its walls the senior class of the medical college practically resides, as all the clinical and pathological demonstrations are made here. The free dispensary, located on Orange street, furnishes large ambulatory clinics, and the senior class is assigned into small sections which serve in the various departments of the dispensary for terms of two weeks each.

Not only is the clinical material of this hospital available for public demonstrations in the amphitheatre, but the senior students are assigned into small groups which rotate in a series of medical and surgical "ward walks." Every morning from eight to nine o'clock a section of the class accompanies a clinical instructor on his ward visit, and thus each student becomes familiar with the details of clinical examinations, of post-operative methods of treatment, etc.

A pathological laboratory is under process of equipment in the hospital building. This will enable the clinical teachers to secure the benefits of a laboratory examination in connection with their clinics, and students will be instructed in the direct clinical application of the laboratory methods they have previously acquired.

The hospital staff is practically the faculty of the University of Wooster Medical Department.

CLEVELAND MEDICAL SOCIETY.

The third quarterly meeting was held in Association Hall, Friday evening, September 28th. Dr. W. W. Keen, professor of surgery in the Jefferson Medical College, delivered an interesting address on cancer of the breast, which will appear in the next num-

ber of the GAZETTE. On Saturday morning, September 29th, Dr. Keen held a clinic in the amphitheatre of the new Cleveland General Hospital, a full report of which appears in this number of the GAZETTE.

The Cleveland Medical Society deserves great credit for the amount of good work it is doing; and it is not only calling the attention of physicians in surrounding towns to Cleveland as a medical centre, but is receiving the attention of the medical profession throughout the whole country.

PERISCOPE.

BY A. P. OHLMACHER, M. D., CLEVELAND, OHIO.

THE HOMOLOGY OF THE CENTROSOME.

Among the many interesting recent questions of cell-anatomy, the problem of the origin and function of that peculiar structure, the centrosome, is especially interesting, and very difficult of solution. As students of cytology are well aware, the centrosome is a minute spherical body which stains with certain nuclear anilin dyes, situated, as a rule, in the cellular protoplasm, and which is surrounded by a radiating series of protoplasmic filaments constituting the sun-like figure known as the "attraction-sphere."

Of the several theories to account for the origin of this peculiar structure, no one, it seems to us, is more plausible than that recently advanced by Watase' (*The Homology of the Centrosome*, *Jour. of Morphology*, Vol. VIII., No. 2, 1893). This investigator does not, as the result of his researches, incline to assign to the centrosome the weighty significance that Flemming gave it when he claimed that its discovery "marked as important an era in biological science as did the discovery of the cell-nucleus itself." Watase' proceeds to explain the appearance of the centrosome in a very simple manner, and in this explanation he makes it evident that this structure is not a unique organ of the cell, but that its appearance is due to the presence of certain other cytoplasmic constituents.

Along the protoplasmic filaments ("cytoplasm") of many animal and vegetable cells, thickenings occur which stain with certain anilins. These stainable nodes upon the protoplasmic network have been termed "microsomes." These microsomes are not equally prominent in all cells, and, as pointed out by Watase', one of the most favorable objects for their demonstration is the leucocyte of the Salamander—when prepared after the directions of Heidenhain.

In such a cell the centrosome lies in the centre of the attraction-sphere, as two deeply stained bodies; and the cytoplasmic filaments, extending radially from the centrosome, have imbedded in their substance at intervals, small granules, staining like the centrosome—the “microsomes.” In other words, we have a centrally located body in the cell substance staining in a characteristic manner, and marking the junction of the radiating filaments which are also provided with small granules, *staining like the centrosome*. The microsomes, then, differ from the centrosomes only in their size. Now, the centrosome marks the point at which a great number of cytoplasmic threads come to a focus, and as these threads are provided with microsomes, why may we not consider the centrosome a *gigantic microsome*, the product of the union of the individual microsomes at the ends of the filaments centering at a given point? This explanation is strengthened by the fact that the microsomes are more commonly found at the junction of two or more cytoplasmic threads, and the centre of the attraction-sphere being the point of union of the greatest number of threads, would naturally mark the location of the largest microsome, that is, the centrosome.

In a similarly ingenious manner Dr. Watase' explains the origin of the “Zwischenkorper,” the “cell-plate,” and the polar microsomes.

The author summarizes his delightful study by stating (1) “that the centrosome is not a unique organ of the cell, but is identical with the microsomes which exist everywhere in the cytoplasm. (2) This view further explains the nature of the ‘cell-plate,’ which may also be called the *equatorial microsomes*. (3) When such microsomes at the equatorial plane of the spindle fuse into one solid body, it is known as the ‘Zwischenkorper.’”

THE SUCCESSFUL CULTIVATION AND INOCULATION OF CERTAIN PARASITIC CELL-INCLUSIONS.

In teased preparations from a piece of tissue obtained from a subperiosteal inflammatory mass on the tibia of a woman thirty-one years of age, Busse (Ueber Parasitare Zelleinschlusse und ihre Zuchtung. Cent. f. Bakteriologie u. Parasitenkunde, Bd. XVI, Nos. 4 and 5, 1894) found, aside from many giant cells, an abundance of hyaline, very refractive, round or oval bodies, varying in size from that of a small nucleus to the size of a normal human liver cell. These bodies were not affected by hydrochloric acid, thus disproving their calcareous nature. Upon treatment with caustic soda solution the bodies became more distinctly visible, and showed a double contour. Prof. Grawitz, to whom the specimens were shown, regarded the bodies as probably identical with the microsporidia, or coccidia. Cover-glass preparations of the inclusions, stained with the ordinary anilins, and with hematoxylin, exhibited the questionable bodies as prominently colored objects. In pieces of tissue fixed in alcohol, the bodies were so shrunken as to be unrecognizable; but sections

of alcohol-fixed tissue, treated with caustic soda solution and examined in water, showed the inclusions very distinctly. The tissue resembled, in most respects, a giant-celled sarcoma.

A piece of the fresh tumor tissue was implanted in the bone marrow of the tibia of a rabbit. Previous to this inoculation, the circulation in the leg was impeded by a tight ligature worn for twenty-four hours. In three days the leg was gangrenous, and was amputated. The whole bone marrow of the tibia was filled with the bodies previously noted, and it was evident that the inclusions in the piece of implanted tissue had multiplied enormously. Other inoculation experiments confirmed this observation.

Pieces of the original tissue were planted in bouillon, gelatine, blood-serum, and agar. Most of the resulting colonies were quickly overrun with foreign bacteria; but in one agar tube a single, isolated colony was obtained, from which other tubes were inoculated. The growth formed a white layer on gelatine and agar, and did not liquefy gelatine. The best and most luxuriant cultures were obtained on potato; here a well pronounced growth was apparent at the end of twenty-four hours. In microscopical preparations from these cultures, the organisms exhibited the characteristics of the original inclusions, save that the double contour of the cell-wall had disappeared. The purity of these cultures was demonstrated by animal inoculations. In the animal body the double contour of the parasites reappeared.

Busse remarks that these bodies resemble very closely the cell-inclusions of Paget's disease, described by Darier and Wickham. In many particulars they resembled *yeast*; and Professor Loeffler, to whom the specimens were shown, thought that in all probability the organism was a pathogenic variety of the yeast fungus. This conclusion is strengthened by the fact that the organisms possessed the power of exciting fermentation, with the evolution of carbon dioxide, in glucose bouillon, and by their growth in acid media.

While the author has not been able to eliminate, absolutely, a mixed infection from his experiments, he has, nevertheless, succeeded, as he points out, in (1) inoculating cell-inclusions into animals with a rapid multiplication of these bodies; (2) cultivating these cell-inclusions in pure culture; and (3) in producing effective inoculation experiments with the artificially prepared cultures.

BY GEO. W. CRILE, M. D., CLEVELAND, OHIO.

BILATERAL CASTRATION FOR CURE OF HYPERTROPHY
OF THE PROSTATE.

(Ramm, *Revue Internationale*.)

In two aged patients suffering from inveterate cystitis and difficult urination, upon whom the operation was performed, the symptoms disappeared as if by magic. From his own observations, as

well as that of others, the author has arrived at the following conclusions:

1. The prostate gland appertains to the genital organs.
2. It develops after sexual maturity or simultaneously with it.
3. In cases of malformation of the sexual organs, it maintains its infantile size the same as from castration before the age of puberty.
4. After castration in adults it atrophies.
5. A hypertrophied prostate shrinks after castration. The diminution begins immediately, and from time to time the shrinking becomes more rapid.
6. In diseases of the urinary passages due to mechanical obstruction of the expulsion of urine by a hypertrophied prostate, this procedure may be resorted to.

ABLATION OF UTERINE FIBROIDS.

(Pean, *Revue Internationale*.)

1. All submucous and interstitial fibroids should be removed early.
2. Preference is given to procedures which conserve the uterus.
3. Employ the abdominal method when the tumor is large, and the vaginal when the tumor is small or of medium size.
4. When the uterus is greatly enlarged, total extirpation of the uterus and the adnexa should be practiced.
5. In case of interstitial fibroids growing in the posterior wall, and sinking low upon the recto-vaginal juncture, the author employs the following procedure:

Security against hemorrhage is obtained first by inserting two long compression forceps, one blade in the rectum, the other in the vagina. A median incision is then made between the two forceps, dividing the perineum and the recto-vaginal septum, thereby exposing the tumor.

The removal of the tumor is accomplished by tearing it away in fragments, conserving as much as possible the uterus. The rectal and the vaginal mucous membranes are sutured separately, hemorrhage controlled by hæmostatics allowed to remain some hours, and finally a large fenestrated rubber drain-tube is inserted, and gauze or sponges are packed about the tube into the space left by the tumor.

SOME CONSIDERATIONS ON BACTERIOLOGICAL APPLICATIONS TO GYNECOLOGY.

(Joav Jose Dos Santos Junior, *Revue Internationale*.)

1. In the normal healthy state there are few, if any, microbes in the superior genital passages, while many varieties may be found in the vagina and in the cervical canal. The latter are believed to be the source of certain cases of auto-infection.

2. In vaginitis the microbes are numerous. The gonococcus is frequently found, and it is proven to be able to go from the vulva to the peritoneum, infecting all the intervening structures.

3. The greater number of cases of endometritis are of septic origin. The source of the infection may ascend from the vagina or descend from the Fallopian tubes.

4. All cases of suppurating salpingitis are of septic origin.

5. Peritonitis of genital origin is infrequent; peritonitis of blennorrhagic origin is to-day clearly demonstrated.

6. The remarkable investigations of Giglio lead us to believe that the infection of the genital passages is caused, first, by continuity, *i. e.*, from mucosa to mucosa; second, by an indirect route through the lymphatics.

NEW BOOKS.

For sale by The Book Shop, Garfield Building, Bond Street, Cleveland, Ohio.

TEXT-BOOK OF NORMAL HISTOLOGY: INCLUDING AN ACCOUNT OF THE DEVELOPMENT OF THE TISSUES AND OF THE ORGANS. By George A. Piersol, M. D., Professor of Anatomy in the University of Pennsylvania. Second edition, pp. XX, and 439; with 409 illustrations, of which 358 are from original drawings by the author. Philadelphia: J. B. Lippincott Co., 1894.

This work, the first systematic and complete treatise upon histology in America, is one that speaks volumes for the progress of biological teaching and biological sciences in this country. We believe it is no exaggeration to say that for its scope and pretention it is superior to any histological text-book in any language to-day. Its especial field is as a guide for medical students working in the histological laboratory. The emphasis which the author places upon the structure of the human tissues, both in the text and in the illustrations, relieves the work of the criticisms that have been directed against so many similar books, which, while claiming title as guides to human histology, have drawn the large majority of their illustrations from comparative histology.

The introductory chapters on cell anatomy are the stereotyped descriptions of our better English text-books. The author has retained the Rabl-Schiefferdecker illustrations of the stages of karyokinesis. These illustrations and the accompanying descriptions are, it seems to us, needlessly complicated, and they give the student a confused impression of the stages of indirect segmentation which is rarely cleared up in subsequent laboratory study of cellular

phenomena. In common with several other works on histology, the author omits, in his cytological descriptions, all mention of direct and indirect nuclear fragmentation. Why these methods of nuclear division, so clearly described by a number of recent investigators, and so fundamental in their bearing upon the structure of lymphoid cells, should escape description, we do not comprehend.

Professor Piersol has attempted the difficult task of describing the histogenesis of the various tissues to students who, in the vast majority of cases, have had no preliminary training in embryology. Considering the difficulty of the subject, the author has succeeded admirably; but we doubt seriously the advisability of including in a work on histology, what can at best be but a smattering of embryology. Why not follow the example of several English medical schools, and of at least one American medical college, and give the student his instruction in embryology at first hand, as a special and independent study? Of course, in the absence of such a course of study, the only alternative is that embraced by our author—the incorporation of embryology with histology.

The subject of histological technique, which forms the appendix of this work, is not treated with the fulness that it demands; and the directions which the author gives are not the best, by any means. We believe it would have been better had the author left this subject to one of the several special works on microscopical technique; for he has offered absolutely nothing original in this direction. The student is directed to stain his tissue *in toto*, and not to affix unstained sections on the slide by one of the modifications of Mayer's albumen method. Surely it is just as easy to teach a student to carry out this simple process, and once having a section affixed to the slide, he may stain with any medium whatever, for any given purpose. Of course, if rough histology is the only object of microtomy, then it would be as well to fix a mass of tissue in the miserable Muller's fluid, and stain it in bulk with carmine or hematoxylin. But since microscopical technique is only taught in the histological laboratories, why not give the student the best, in order that he may apply it in his subsequent laboratory work? Why not, for instance, teach the student to fix his tissue in some good medium like sublimate, or Hermann's solution, or Flemming's solution, or

Carnoy's acetic-chloroform-alcohol mixture; then teach him to imbed in paraffine, without staining in bulk; then to affix sections on the slide; and finally to stain with safranin, or gentian-violet, or acid fuchsin, or the Ehrlich-Biondi mixture? When this student came to stain for special purposes, as, for example, bacteria in tissue, or for karyokinesis, or for "mast-zellen," etc., then he could merely specialize on the general method taught him in histology. It is high time that the hackneyed chapters on obsolete technique were omitted from our descriptive text-books of histology and pathology, and the subject of microtomy left to special treatises and to laboratory guides.

That this book is the work of an experienced and excellent teacher of descriptive histology, is evident upon every page. The usually difficult and vague descriptions of complicated tissues, of our text-books, are put with an admirable clearness, and with an attractive style that makes reading a genuine pleasure. It is the text-book *par excellence* for American medical students, and the enthusiastic reception of the first edition is exactly in accordance with the merits of the work. The illustrations and the typography are excellent.

A COMPEND OF THE PRACTICE OF MEDICINE. By Dan'l E. Hughes, M. D., Chief President Physician Philadelphia Hospital; Physician-in-chief, Insane Department, Philadelphia Hospital, etc. Fifth physicians' edition, thoroughly revised and enlarged, including a very complete section on Skin Diseases, and a new section on Mental Diseases. Philadelphia: P. Blakiston, Son & Co., 1894.

It is safe to say that this is the best Compend of Practice thus far published, and the fact that a fifth edition has been called for so soon is a sufficient guarantee that its merits have been appreciated. The present edition has been fully brought down to date and an excellent chapter on mental diseases added. As is usual with the Blakiston publications, the book is substantially and handsomely gotten up.

CLINICAL MEDICINE: A MANUAL FOR THE USE OF PRACTITIONERS. By Judson S. Bury, M. D., Lond., F. R. C. P., Senior Assistant Physician to the Manchester Royal Infirmary, formerly Assistant Physician to the Clinical Hospital for Children, Philadelphia. J. B. Lippincott Company, 1894.

This is an excellent book, and just such an one as should be in the possession of every student and practitioner who is desirous of

possessing a clear idea as to the best methods of procedure in the examination of the medical cases with which he comes in daily contact. It is evident upon a perusal of this work, that the author has spent much time and thought in its preparation. The reviewer fails to recall another treatise having the above title, in which the essential facts in clinical medicine have been so satisfactorily brought out. The illustrations, some of which are colored, are numerous, well selected, and admirably executed. A full and well arranged index completes a manual for which we predict a large circle of readers.

A SYSTEM OF GENITO-URINARY DISEASES, SYPHILOLOGY AND DERMATOLOGY.
By various American authors. Edited by Prince A. Morrow, M. D. D. Appleton & Co., Publishers, New York.

Volume II is devoted to "Syphilology." The opening chapter on the "History, Geographical Distribution, Evolution and General Pathological Anatomy of Syphilis" is written by J. Nevins Hyde, M. D., who has given an admirable historic account of the disease. In the course and evolution of syphilis the writer attacks what he calls the "time classification of the French," preferring to regard its gradual evolution *per se* rather than to accept the various stages or periods extending over so many weeks, months or years. In this we think the writer does not facilitate the best method of teaching, nor is anything gained by abolishing what he terms "the artificial manikin of the schools."

"The Etiology of Syphilis" is ably handled by Dr. J. A. Fordyce, who gives the most recent observations as to the micro-organisms found in this disease. As yet, however, no specific organism has been found. He reviews the various attempts that have been made to inoculate the lower animals.

"Primary Syphilis" is treated of by Dr. E. B. Bronson. He gives the various primary lesions careful attention as well as the other phenomena observed at the onset of the affection.

Dr. Joseph Zeisler follows with "Constitutional Syphilis," which subject he deals with in a masterly manner.

"Syphilis of the Skin," by Dr. Prince A. Morrow, is given in detail and the text is illustrated by twenty-five cuts, photographs and colored plates, all admirably executed. More than eighty pages

are devoted to this important part of the subject, which in works of smaller scope are of necessity so abridged as to be of little practical use as a guide to diagnosis. Especial attention has been given to the pigmentary syphilitide, the writer maintaining that it occurs as an independent eruption. The morbid anatomy and differential diagnosis are concisely given.

Dr. Charles W. Allen has written on "Syphilis of the Mucous Membranes of the Mouth and Tongue." This, too, is clearly illustrated with colored plates. As the initial lesion so frequently occurs on the lips or in the buccal cavity, an accurate description of the various lesions met with in this region is of the highest importance.

To Dr. W. R. Townsend is assigned the subject of "Syphilitic Affections of the Bones." This deals not only with the acquired variety of the disease, but also with hereditary syphilis as well. Seventeen illustrations accompany the text.

In "Syphilis of the Upper Air-passages," Dr. John N. Mackenzie has given a description of the various lesions in the nose, pharynx, larynx, trachea and bronchi, together with symptoms, methods of examination and treatment.

"Syphilis of the Eye and Its Appendages," by Dr. Charles Stedman Buell. In a work such as we have before us, and dealing with a disease that contributes so largely to every department of medicine and surgery, we are pleased to see that special pains have been taken to select writers from the various specialties whose experience best fits them for the work in hand. This important part of the subject, although not so full as a distinct treatise on affections of the eye would give, yet it is concise and contains the more essential points which with colored plates are sufficient for general use. The treatment is assigned to Dr. J. William White, who has given the subject in detail, together with the most approved methods which are in vogue to-day.

The volume ends with the subject of "Chancroid," by Dr. Edward Martin. In brief, the subject of syphilis is most clearly and concisely given in its various phases and aspects, and forms an admirable book of reference for the general practitioner; at the same time it is not too ponderous as a text-book for the student.

GONORRHŒA AND ITS COMPLICATIONS. By Dr. Ernest Finger, Docent at the University of Vienna. Translated and published by William Wood & Co., New York.

This work of three hundred and twenty-four pages, with seven full-page plates in colors and thirty-six wood-cuts, is one of the latest contributions to this department of medicine. The unsurpassed facilities which the author has enjoyed in the University of Vienna, together with his well-known powers of accurate observation and description, most eminently fit him for the task of giving to the medical world a complete treatise on this greatly neglected subject. There can be no doubt that during the past few years, affections of the urinary tract have undergone a most careful investigation. The brilliant result attained by Neisser in the discovery of the gonococcus, together with its practical bearing on the management of urethritis, renders a general and imperative demand for a work such as we have before us.

In the management of blenorrhœa, as he prefers to term it, the author insists at the onset, as well as throughout the course of the disease, on ascertaining precisely the location of the pathological process. Blenorrhœa of the anterior urethra is considered distinctly; in this position alone are the methods in vogue, such as the various injections with an ordinary clap syringe, of avail.

Long before the specific virus of gonorrhœa was known, the French followed the expectant treatment in acute urethritis, and modern research has shown that the inflammatory process set up by the gonococcus is one of nature's means of expelling the morbid agent. In this line Finger recommends the hygienic or expectant management of acute blenorrhœa. In this stage, which in the author's experience lasts about a fortnight to three weeks, the ingestion of balsams, such as copaiba, sandal-wood oil, etc., as well as injections, should be interdicted. Special attention is given to sexual excitement, nocturnal pollutions, etc.; in short, anything that causes a determination of blood to the already engorged mucous membrane of the genito-urinary tract.

In the treatment of posterior urethritis it is recommended that all applications, which must be made directly upon the part, be entrusted only to the medical attendant.

In the treating of blenorrhœa in the female he considers the five conclusions of Noeggerath, which he maintains modern research has demonstrated to be in main correct.

But it is impossible to give a more extensive *resume*, and many good features of the book are of necessity omitted. We predict for it an extensive sale, and for those desiring a special treatise on gonorrhœa it may be highly recommended.

NOTES AND COMMENTS.

An Early Ovariologist.—The younger, and most of the older, members of the profession in America have little conception of the violent opposition there was, fifty and even thirty years ago, to the performance of operations on the abdominal cavity. Those who undertook such operations in the face of almost universal condemnation, did so with their reputations in their hands. They believed they were right and they had the courage of their convictions, but their courage was of no mean order, and entitles them to grateful recognition by posterity. We have all heard of McDowell and Rogers and the Atlees, but we doubt if the name of Dunlap is as familiar to our readers as it deserves to be.

At the recent meeting of the American Gynecological association in Washington, Dr. J. C. Reeve read a most interesting memoir (New York Journal of Gynecology and Obstetrics, June, 1894) of this pioneer ovariologist, Dr. Alexander Dunlap, of Springfield, Ohio, whose death, at the ripe old age of seventy-nine, occurred in January last. Dr. Dunlap was born in Ohio, received his education, both academic and medical, in that state, married there, practiced there, and died there. He was not a cultured man in the ordinary acceptation of that term, nor were books his companions. He studied, as most men of his time were obliged to study, in the school of experience. He knew little of what his predecessors had done or his contemporaries were doing, but struck out new paths for himself, undeterred by the reprobation of others less original and less courageous, and, in his ignorance of what other great minds had conceived and executed, unencouraged by their success.

Dr. Dunlap's first ovariectomy was performed in 1843, and up to 1868 his cases numbered thirty-eight. Of these, nine had resulted fatally, one from an overdose of morphine administered by mistake. During his entire career he performed four hundred and twenty-eight abdominal sections, with eighty-three per cent. of recoveries.

His method of operating was primitive in the extreme. Dr. Reeve assisted him in some of his earlier cases, and the following are his words in describing them :

"Scalpel, forceps, and director were the only instruments provided. The abdomen was opened, the cyst exposed, then incised with the scalpel, and its contents caught in a wash-basin. Adhesions were separated as the cyst was withdrawn, or the incision was extended without hesitation in order to gain access to them. Bleeding from separated adhesions was checked by the application of cold water. In one case this was continued for twenty minutes and no evil results followed. In closing the wound the stitches were not passed through the peritoneum. The pedicle was transfixed with a ligature of heavy silk, each half tied separately, then one end carried around the whole and tied again; one end was then cut short and the other brought out at the lower angle of the wound, there to hang until separated by process of ulceration. This always required weeks, sometimes many months. In the case of a girl, aged thirteen, operated on by the writer, where this plan was followed, more than a year elapsed before the ligature came away, and this in spite of all measures to hasten it. This mode of treatment of the pedicle seems very strange in view of the fact that in Dr. Dunlap's first case both ends of the ligature were cut short, the pedicle dropped back, and the wound closed. There is not the slightest probability that Dr. Dunlap knew, even as late as 1868, that this was the plan pursued by Nathan Smith, in 1821, the second operator in the United States, and by D. L. Rogers, of New York, the fourth, in 1829. It looks very much as if, after his first case, he informed himself as to the plan followed by McDowell and Atlee, and made this step backward under the influence of their example."

"The treatment received by Dr. Dunlap," says the author of this most interesting biographical sketch, "was of the same kind as that meted out to McDowell. The comments of the *Medico-Chirurgical Review* of London, then the leading journal of the world, upon his operation are well known: 'We entirely disbelieve that it has ever been performed with success—nor do we think it ever will!' The extent, the bitterness, the persistency of the opposition to ovariectomy, the denunciation of those who performed it, can scarcely be imagined now. It is recorded in the pages of Peaslee and of Atlee. Nor was this feeling confined to this country. Mr. Ernest Hart has recently told us that in London, during the first attempts at ovariectomy, Dr. Robert Lee, then the leading obstetrician, openly stated that he was watching for a fatal case that he might cause the operator to be legally prosecuted! He who now, after fifty years of service, would indicate the most striking contrast between the profession as it is to-day and as it was when he entered it, would not find that contrast in the possession of anæsthetics nor in the triumphs of abdominal surgery, where even ovariectomy has sunk to a position of minor importance; but he would find it in the different spirit with which new doctrines, new measures, and new operations are received. The *Zeitgeist* of medicine has taken on an entirely different form from that of a generation ago."—*Medical Record*.

Treatment of Crushes of the Hands and Feet.—The author does not think that a hand crushed in the bumpers of a railroad car can be made surgically clean by any immediate washing or soaking in even the best hot antiseptic washes, so that a dry dressing can be put on as usually described and all go well.

He has tried it many times, he states, and has had pus and fever and chill, so that the dressing had to come off and another course be inaugurated.

The hot sublimate water dressing in crushes about the extremities is the ideal dressing, and has saved many hands and feet that with any other line of treatment would have come off at the point of selection.

In dressing a hand or foot in this way, first thoroughly wash and steam it with hot sublimate water (1 to 2000); then, if any part is to be removed, trim it off and envelope the whole injured member in plenty of absorbent cotton, holding it in place by wrapping it with ordinary cotton thread; put the part at rest comfortably on a sheet of rubber to carry the solution into a convenient receptacle, and assiduously soak it, at regular intervals, with 1 to 4000 sublimate water as hot as can be borne. By this means fever disappears, the circulation is coaxed into damaged tissues, granulations spring up, and the part is restored—this, too, without changing the line of local treatment except in degree. There is one other fact in his experience in these injuries he thinks worthy of note. He has seen only one case of tetanus result out of a total of several hundred cases in the last ten years. This looks as though tetanus was exceedingly rare among injured railway men, though he does not see why it should be when all things are considered in connection with these cases.—*Virginia Medical Monthly, Medical and Surgical Reporter.*

Dr. H. J. Lee has returned to Cleveland fully restored to health, and has resumed practice at his old office on Prospect street.

Dr. W. W. Keen, of Philadelphia, has been appointed by President Cleveland as a member of the board of visitors at the West Point Military Academy.

Dr. William Goodell, who was stricken with paralysis while at Williamstown, Mass., some weeks ago, has returned to his residence in Philadelphia and is reported to be recovering.—*The Philadelphia Polyclinic.*

A physician, in speaking of the business side of the practice of medicine, says: "A doctor will trust people longer and more foolishly than any man on earth. He will go on trusting people for years, until they leave him on account of hating him, because they owe him so much and so long. Then they will go to another physician and pay him, with little or no hesitancy."—*Medical Times.*

First Youngster—"I've got a new baby brother, what came from heaven last night."

Second youngster—"That's nothin'. My little baby brother went to heaven yesterday."

First youngster (reflectively)—"Pete, I bet it's the same kid."

A Hard Nut for Teetotalers to Crack.—The British Medical Association, wishing an exact statement of the influence of alcohol over the duration of life, charged a commission with the inquiry, in these classes of subjects. Observations included four thousand two hundred and thirty-four cases of death in five categories of individuals, and below is the average attained by each class:

1. Abstainers—Fifty-one years and one month.
2. Moderate drinkers—Sixty-three years and one-half month.
3. Occasional drinkers—Fifty-nine years and two months.
4. Habitual drinkers—Fifty-seven years and two months.
5. Drunkards—Fifty-three years and one-half month.

The most advanced age is attained by moderate drinkers and the minimum by abstainers.

The Adventists of Battle Creek, Mich., are raising \$50,000, to be used to construct a medical sanitarium at Clarmont, South Africa. The building will be constructed after plans furnished by Dr. J. Kellogg, and under his supervision. When completed it will be taken down in sections and shipped to Africa. The Adventists believe, it is said, that after the world ends, their buildings will be preserved, and they will return and occupy them.—*Medical Times*.

The Medical Press says the greater part of the crude boracic acid imported into England comes from Tuscany in the immediate neighborhood of Castelnuro. It is originally dissolved in the waters of an underground hot lake, which sends off steam charged with about three per cent. of boracic acid, through many openings, called "fumerolles," on the surface. The steam is condensed and the acid dissolved in fresh water, from which it is crystallized in tubs. The acid is then packed in casks and shipped from Leghorn to England, where it is refined into the pure pulverized boracic acid familiar to our readers.

Medical Department of the University of Wooster, Session of 1894-5.—The session of 1894-5 of the Medical Department of the University of Wooster opened Wednesday afternoon, September 19, 1894, with appropriate ceremonies. A well-prepared address was delivered by Dr. Scovel, president of the university. Professor C. B. Parker followed with an address in which he dwelt with especial emphasis on the advantages of the new college hospital. Several new members of the faculty were introduced by Dr. Parker.

With the opening of this session this institution introduces a

number of improvements in its curriculum. A very completely equipped set of students' laboratories has been added since the last session, and the college proposes to offer to its students the best possible laboratory training in chemistry, histology, bacteriology and pathology. A noticeable feature of the laboratory equipment is that everything is designed for the use of the students as individuals.

The newly completed Cleveland General Hospital, under the immediate control of the Wooster faculty, is a model institution of its kind. In this hospital the clinical classes of this college will receive a thorough training, not only in the amphitheatre, but also at the bedside. A very carefully arranged time-card has been prepared for the session, and students are systematically assigned to the various didactic, laboratory, and clinical exercises.

Druggists versus Physicians.—Newspaper dispatches inform us that the American Pharmaceutical Association, at its recent meeting at Nashville, resolved to boycott those drug firms that made a practice of supplying physicians direct with drugs to be dispensed to patients. There is no doubt that fashion in drugs is just now very much in the direction of the use of small pills, parvules, granules, tablet triturates, etc., that can very readily be dispensed by the physician; and that this has probably seriously affected the retail druggist's prescription business.

But boycotting the manufacturer of these drugs will probably not help the matter. The druggist had better turn his attention to cultivating more friendly relations with the physician by dropping counter-prescribing and joining hands with the medical profession against the use of nostrums, whether advertised in the medical journals or in the general press.

Both physicians and druggists must remember that the reason for the existence of the two professions is that the community can be better served by them than in any other way. If they co-operate, this is more likely to continue to be the case; if they antagonize each other, both may suffer; but the druggist, at least in so far as his prescription business is concerned, is likely to be eliminated from the scheme altogether.—*Philadelphia Polyclinic*.

Self-infection in Childbed.—F. Ahlfeld, in a paper published in the *Zeitschrift f. Geb. und Gyn.*, reaches the following conclusions:

1. The occurrence of fever in childbed, originating without previous examination, cannot longer be doubted.
2. These fevers are, for the most part, unimportant, though severe and even fatal cases are probable.
3. In well-conducted institutions the number of fever cases resulting from self-infection in childbed is larger than those caused by infection from without. The latter, however, are usually of a severer type.

4. The percentage of morbidity and mortality in an institution in which due care is taken to prevent infection from without, depends on separating the primiparæ from the multiparæ and on the number of operative cases.

5. Preliminary disinfection of the birth canal is an important prophylactic measure.

6. Sublimate remains the best disinfectant.

7. The seat of infection is generally not the external genitals, but rather the cervix and endometrium.

8. Most fever cases in childbed are to be considered as resorption fever. They result principally from retention of the infectious childbed secretions.

9. The seat of most active absorption is the uterine mucosa; next that of the vagina.

10. The poison taken up is, as a rule, promptly eliminated—probably through the urine.

11. Pathogenic micro-organisms are always to be found in the vagina. They need only a favorable culture medium to develop their activity. This they find in the decomposing contents of the vagina and uterus after labor.—*Brooklyn Medical Journal*.

The Copious Drinking of Water as a Method of Treating Typhoid Fever.—In the March number of the *Revue de Médecine*, Dr. Hector Maillart, of Geneva, concludes an article on this subject.

As a result of his study of it, he feels convinced that the treatment of typhoid fever by copious drinks may be recognized as a definite method. In order that that treatment may be efficacious, the patient should drink at least from five to six quarts of water daily during the whole febrile period. There is no contraindication to this treatment; feebleness of the heart, far from contraindicating the drinks, may become a special indication for them. The results are a progressive lowering of the fever, disappearance of the dryness of the tongue and mouth, and pronounced sedation of all the alarming nervous, circulatory, and renal phenomena.

These results are due to the oxidation of toxines and refuse material, which are rendered soluble and eliminated. The oxidation is shown by the formation of great quantities of urea, and the elimination takes place by the skin and kidneys in the form of profuse sweating and abundant diuresis.

This diuresis re-establishes the integrity of the renal filter, and that results in the rapid disappearance of albuminuria.

This method of treatment has no notable influence on the course or the duration of the disease. No unpleasant consequences have been observed to result from the treatment, either during the fever, during convalescence, or after recovery. The treatment, which is very acceptable to the patient, is easily carried out, even in cases in which the nervous disturbances are very decided.—*New York Medical Journal*.

Nerve Suturing.—Dr. De Forest Willard (International Medical Magazine) says:

Functional restoration is possible.

The closer the apposition the more speedy and complete will be the restoration.

Union is accomplished chiefly by the reaching out and development of nerve fibres from the divided proximal end, these fibres pushing their way across the connecting link of fibrous tissue. The fan-like projection of these fibres is marked in each case.

Engrafted nerve-tissue or flaps cut from the nerve may serve as a frame-work for new tissue, or may produce embryonic nerve-fibres capable of assisting in reunion.—*Medical and Surgical Reporter*.

Dr. Rosswell Parks, of Buffalo, will address the Cuyahoga County Medical society, Thursday evening, November 1st, on "Acute Infectious Diseases of Bone."

The Right to Exclude Unvaccinated Children from Public Schools.—The superior court of Hartford, Conn., has decided in suit brought against the New Britain school board to compel them to admit unvaccinated children to the public schools, that the law giving the school board authority to order all school children vaccinated and to exclude those not vaccinated from the schools, is constitutional.—*Toledo Medical Compend*.

The Kentucky School of Medicine declines to be considered as ever a member of the Association of American Medical Colleges, and declares that its expulsion from that body at San Francisco this year, on that account, cannot be possible.

The view this school takes of the action of the Association of Colleges in making each year a higher standard for graduation may be the correct thing so far as the Southern Medical College Association for the southern states is concerned, but as the state boards of health in the North are upholding the Northern Association, graduates from schools of the South that do not desire to conform to the rulings of the association must expect to practice in the South and not feel hurt when our boards of health decline to admit them to practice in the northern states.—*The Omaha Clinic*.

Double Pay for Twins.—A man in Ohio was arrested not long ago at the instance of a woman who claimed that he was the father of the unborn child. He was released on payment of \$300. But when the time came it was found that there were twins, and the poor man was arrested again, and the penalty for his misdoing was promptly doubled by a sympathetic jury.—*Medical Record*.

READING NOTICES.

The well-known house of the F. A. Davis Co., of Philadelphia, will issue, in September, a work which will be most favorably received by the medical profession. It is entitled "Obstetric Surgery," and is written by Drs. Egbert H. Grandin and George W. Jarman, gentlemen who, from their long connection with the largest and most widely known maternity hospital in the United States (the New York Maternity Hospital), are peculiarly fitted to expound the subject from the modern progressive standpoint of election.

There is no work, in any language, which deals with the surgical side of obstetrics so thoroughly as the present. The rules of obstetric asepsis and antisepsis are so described and simplified as to enable even the busy general practitioner to surround his patients with the same safeguards as are guaranteed in well-ordered hospitals. The subject of pelvimetry, without due regard to which modern obstetric surgery cannot exist, is most tersely and exhaustively treated of. The indications under which artificial abortion and the induction of premature labor properly fall are clearly exemplified. The limitations of the forceps and of version, and the beneficent results to be procured through timely resort to symphysiotomy and the Caesarean section, are stated with the accuracy which the marvelous progress of the past few years allows. The surgical aspects of the puerperal state are carefully described, and the concluding chapter deals with the surgical treatment of ectopic gestation.

The work having been prepared from a teaching standpoint, the terse text is elucidated by numerous photographic plates and woodcuts, representing graphically various steps in operative technique. The student and the practitioner thus not only may *read* what to do, but may also *see* how to act.

The work is not burdened with literature references. The authors have aimed to teach that which ample and prolonged experience has taught them is good. The net price of the volume will be \$2.50, and it will be printed in large, clear type, on excellent paper, and handsomely bound in extra cloth. The full-page plates, about fourteen in number, will be printed on fine plate paper, in photogravure ink.

A companion volume, dealing in the same terse, practical manner with pregnancy, normal labor, and the physiological and pathological puerperium, is in active preparation by the same authors.

That an unwarranted substitution of one remedy for another is occasionally practiced by some druggists, there seems to be no question. That this is morally wrong, is equally true, but that it is frequently a crime in the eyes of the law, and as such is punishable, seems to have been lost sight of by some of those who may practice it.

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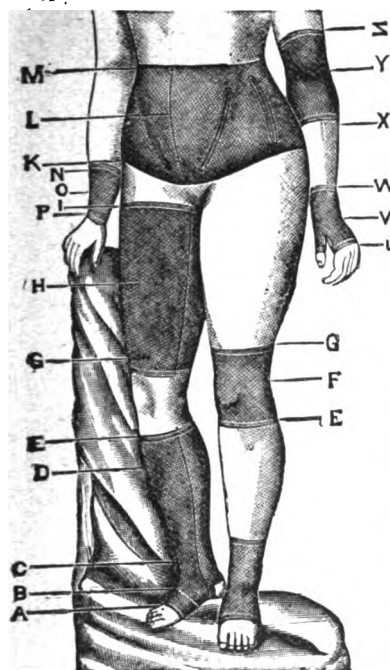
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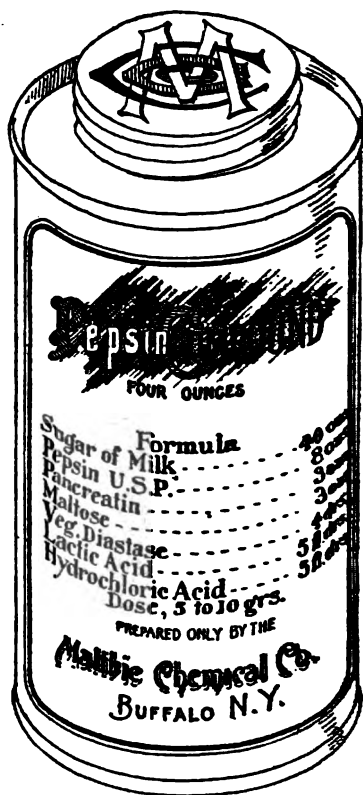
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